OVERTON COUNTY

COMMUNITY DIAGNOSIS DOCUMENT

A GUIDE TO HEALTHY COMMUNITIES

1998-1999

Compiled by

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Introduction

Mission Statement

The overall mission of the council is to assist the Department of Health by advising the Department regarding the health problems of Overton County and thus assist the Department in its responsibility to undertake "Community Diagnosis". The role of the Department of Health is to support the Council by providing the resources needed by the Council to undertake the work, and by facilitating the "Community Diagnosis" process. The following is a proposed objective statement. The mission of the Council is to assist the Department of Health by:

Developing a community health assessment which includes

- Health problems and needs identification.
- Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
- Establishing priorities for all major identified health problems and develop/implement strategies for appropriate interventions.
- Drafting and presenting to the Department of Health the community health assessment.
- Promoting and supporting the importance of reducing the health problems to the Department and the community.
- Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

Community Diagnosis

A simple definition (used by the North Carolina Center for Health and Environmental Statistics) of a community diagnosis is " a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community." By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of qualified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

The final outcome of community diagnosis and its products should:

- Provide justification for budget improvement requests submitted to the State Legislature;
- Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level;
- Serve health planning and advocacy needs at the community level. Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed.

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the community diagnosis process. This document will explain the community diagnosis process and outcomes for Overton County. We will also provide a historical perspective with details of the council and its formation.

History

"Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy."

> The Future of Public Health
> Institute of Medicine, 1988

This manual is designed to assist local communities, local and regional health departments, and the state department of health in fulfilling the mission of public health, as defined above. If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. Health care is a very localized phenomenon. The needs and problems of one community may be very different from other communities, even those in close geographical proximity. Community leaders together with local health departments have a responsibility to play key roles in this effort. They should lead their communities in an examination of local health problems and in the development of plans to overcome those problems.

This mission can be accomplished by implementing the three core functions of public health at all levels of government. They are:

Assessment: The assessment function involves the monitoring and surveillance of local problems, the assessment of needs, and the identification of resources for dealing with them.

Policy Development: Policy development goes hand in hand with leadership, which fosters local involvement and a sense of ownership of these policies. It should emphasize local

needs and should advocate an equitable distribution of public resources and complementary private activities commensurate with community needs.

Assurance: Assurance means that high quality services, including personal health services, which are needed for the protection of the community are available and accessible to all persons. Each community should receive proper consideration in the allocation of federal, state, and local funds for health. Each community should be informed about how to obtain public health services and/or comply with health requirements.

In summary, community-based health planning is a process, which assists local citizens in their respective communities to do the following:

- **Identify the community's health care needs.**
- **Examine the social, economic, and political realities affecting the local delivery of health care.**
- **Determine what the community can realistically achieve in a health care system to meet their needs.**
- **Develop and mobilize an action plan based on analysis for the community.**

The end result of the process should answer three questions for the community:

Where is the community now?
Where does the community want to be?
How will it get there?

The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. The following is the Overton County Community Diagnosis Document, which details the process the Overton County community utilized to assess its strengths, weaknesses, and gaps in resources. A very thorough analysis of health statistical data, community surveys, resources, and key leaders perceptions of Overton County's health care status facing the community is presented in document form to be utilized as a baseline document for public relations, grant applications, and as a foundation of the work plan for the future.

Summary

The Tennessee Department of Health Community Development Staff established the Overton County Health Council in February 1998 with an initial group of fifteen community representatives. The Overton County Health Council has now evolved into a council of forty-four members. This council consists of various community leaders such as the mayor, county executive, school superintendent, industry representation, health care providers, local law enforcement, various community agencies, and other concerned community leaders as determined appropriate by the council members. (Appendix 1) The Department of Health Community Development Staff facilitates the Community Diagnosis Process. The Community Diagnosis Process seeks to identify community health care problems by analyzing health

statistical data, community surveys, and council perceptions. The initial step in the process is to select a county health council. The basic steps of the Community Diagnosis Process are as follows:

- **Assemble the initiating group**
- **Select the County Health Council**
- **Present data to the council**
- **Discuss and define health problems**
- **Analyze the Behavioral Risk Factor Survey**
- **Distribute and Analyze the Community Health Assessment Surveys**
- **Score/Rank health problems**
- **Design interventions**
- **Develop funding strategies**
- **Assess development and effectiveness of interventions**

During the course of the Community Diagnosis Process, the Overton County Health Council established by-laws (Appendix 2) that reflect the mission and goals of the council illustrating their commitment to their community. The council typically meets on the 2nd Thursday of each month from 12:00 to 1:00 p.m. where meetings are open to the public.

County Description

Geographic

- Overton County is located in the Upper Cumberland region of middle Tennessee.
- Overton County is located 90 miles from Nashville and 16 miles from Cookeville.
- This county is predominantly rural and is surrounded by rolling hills and valleys.
- Pickett, Putnam, Jackson, Clay, and Fentress counties in Tennessee surround Overton County.
- The county is 16 miles from Interstate 40 and is accessible to several state highways.
- The average temperature in July is 78.0 degrees and the average in January is 39.0 degrees with annual average precipitation being 48.76 inches.
- Overton County has an elevation of 1,040 feet.

Land Area

- Overton County is a farming community consisting of 434 square miles.
- The closest waterway is the Cumberland River with the nearest port facility being 24 miles away in Gainesboro, Tennessee.
- The major agricultural crops for Overton County are small grains, vegetables and tobacco.

Economic Base

- The county's median family personal income is $21,586.
- The county's median household personal income is $18,293.
- Overton County's per capita personal income is $15,102.
- The average weekly income as of 06/99 was $423.
- The individual poverty rate for Overton County is 17.9%.
- The family poverty rate for Overton County is 14.4%.
- The 1998 average labor-force total was 9,760 of those, 9,080 were employed and 680 were unemployed giving Overton County an unemployment rate of 7.0%.
- The major employers in Overton County include Hutchinson Fluid Transfer, Livingston Regional Hospital, and The Berkline Corporation.

Demographics

- Overton County's public education system consists of 6 elementary schools, 1 middle school, and 1 senior high school with total student enrollment being 3,116 students.
- Volunteer State Community College is located in Livingston, the county seat of Overton County.
- The total number of TennCare enrollees for Overton County is 5,931 this total makes 33.6% of the county receiving TennCare benefits.
- The 1998 population estimate for Overton County was 19,557 with projected population for the year 2000 being 20,000.
- The median age for an Overton County resident is 36.6 years.

Medical Community

- Overton County has one local hospital that has a total of 116 licensed beds.
- The 1997 resident health profile indicates that 68.9% of Overton County residents utilize their county hospital, 15.6% use Davidson County hospitals, while 9.9% utilize the Putnam County hospital.
- Overton County has one nursing home facility that has a total of 164 licensed beds.
- There are twenty medical doctors and three dentists practicing in Overton County.

References: Tennessee Department of Health, Upper Cumberland Development District

Community Needs Assessment

Primary Data

Overton County Community Health Assessment Survey

The Community Health Assessment Survey provides a profile of perceived health care needs and problems facing the community. Its purpose is to obtain subjective data from a cross section of the health care services, problems and needs in the county. The survey includes questions about the health and social problems affecting the community as well as the availability, adequacy, accessibility and level of satisfaction of health care services in the community. The community survey is not a scientific random sample of the community, however it does represent a cross section of the community, i. e. young families, single parents, the elderly, farmers, business leaders, rural residents, etc. The community development staff distributed the Community Health Assessment Survey to the health council members, who then circulated the surveys throughout the community. Results of the survey were tabulated and analyzed using the "Epi Info" computer software. The community development staff presented the final results and analysis of the survey to the county health council. The following list identifies the perceived problems facing Overton County based on the survey results.

Teen Alcohol/Drug Abuse	**65%**
Smoking	**64%**
Adult Drug Abuse	**63%**
Adult Alcohol Abuse	**60%**
High Blood Pressure	**53%**
Heart Conditions	**49%**
Smokeless Tobacco	**48%**
Teen Pregnancy	**47%**
Stress	**47%**
Obesity	**39%**
Domestic Violence	**39%**
Arthritis	**38%**
Child Abuse/Neglect	37%
Diabetes	37%
Motor Vehicle Deaths	36%
Unemployment	36%
Lung Cancer	36%
Poverty	35%
Depression	34%
Crime	33%
School Dropout	33%
Other Cancer	33%
Breast Cancer	32%
Lack of Sex Education	30%
Asthma	28%

Top Ten Issues Highlighted

Poor Nutrition for Children	25%
Youth Violence	24%
Eating Disorders	24%
Prostrate Cancer	23%
Poor Nutrition for Elderly	22%
Colon Cancer	21%
Sexually Transmitted Diseases	21%
School Safety	18%
Other Accidental Deaths	18%
HIV/AIDS	17%
Pneumonia	17%
Influenza	16%
Water Pollution	12%
Air Pollution	10%
Hepatitis	10%
Tuberculosis	10%
Teen Suicide	10%
On the Job Safety	9%
Adult Suicide	8%
Homelessness	8%
Toxic Waste	8%
Homicide	7%
Gangs	6%
Lack of Childhood Vaccinations	6%

Overton County
Availability of Services

"Adequate" (50% or greater)		"Not Adequate" (25% or greater)	
1) Pharmacy Services	79%	1) Recreational Activities	45%
2) Ambulance/Emergency Services	71%	2) Alcohol/Drug Treatment	33%
2) Local Family Doctors	71%	3) Child Abuse/Neglect Services	32%
3) Child Day Care	68%	3) School Health Services	32%
4) County Health Dept. Services	67%	4) Health Insurance	31%
5) Emergency Room Care	65%	5) Specialized Doctors	28%
6) Hospital Care	64%	5) Women's Health Services	28%
7) Home Health Care	62%	5) Dental Care	28%
7)Medical Equipment Suppliers	62%	6) Day Care for Homebound Patients	27%
8) Eye Care	61%	7) Eye Care	25%
9) Pregnancy Care	58%	7) Health Education/Wellness Services	25%
9) Dental Care	58%		
10) Nursing Home Care	52%		

Personal Information

- The majority of the people completing the survey were from Livingston and 75% have lived in the county for more than ten years.
- The average age for the survey respondents was between 30-39 years of age with 11% being single and 77% married.
- The participant response noted that 81% had health insurance, 22% were TennCare enrollees, and 5% receive either SSI or AFDC.
- The personal information reported on the survey revealed that 68% of the respondents were currently employed, 29% were not employed.

The Community Health Assessment Survey was given to members of the Overton County Health Council and these members distributed the survey through out the community. There were a total of 260 questionnaires returned for analysis. The council members discussed whether the survey was representative of minority groups such as hispanic, blacks, and amish/mennenites. After much discussion among the members they concluded that the minority population in Overton was small and would not make a difference in the final analysis. The council discussed that 58% felt that dental care is adequate but there are no dentists in Overton County that accept TennCare, and 22% of the TennCare population completed a survey form. The result of the Community Health Assessment Survey was discussed with the council members along with profile information about the survey respondents. The findings of the survey revealed that **teen alcohol/drug abuse, smoking, adult drug abuse, adult alcohol, high blood pressure, and heart conditions were perceived as the top concerns by the survey respondents.**

Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a random telephone survey, coordinated through the Centers for Disease Control, which collects information from adults on health behaviors and knowledge related to leading causes of death in each of the states. Approximately 200 interviews were obtained from Overton County. About half of all deaths occurring annually are now attributed to modifiable behavioral risks. In addition to determining what types of health risks are most prevalent in the population, the BRFS data will be very useful in determining what types of interventions are most needed for other health problems such as excess deaths from a particular chronic disease. A modified version of the standard BRFS was developed specifically for the "Community Diagnosis" process. In addition to the questions on the standard BRFS survey, a series of health issues are listed. The respondent is asked if the issue is a "Definite Problem", "Somewhat of a Problem", "Not a Problem", or "Not Sure". The list of the health issues with frequency of response as a "Definite Problem" is as follows:

Tobacco Use	**50%**	**Top Ten Issues**
Cancer	**37%**	**Highlighted**
Arthritis	**33%**	
Drug Abuse	**32%**	
Teen Pregnancy	**30%**	
Alcohol Abuse	**28%**	
High Blood Pressure	**26%**	
Heart Conditions	**25%**	
Obesity	**23%**	
Health Problems of the Lungs	**23%**	
Environmental Issues	17**%**	
Animal Control	16%	
Diabetes	15%	
Violence in the Home	12%	
STD'S	3%	
Other Violence	2%	
Suicide	2%	
Mental Health Problems	2%	

Overton County's Access to Care Issues
Percent Saying Definite Problem

Access to Nursing Home Care	9%
Access to Dental Care	8%
Access to Hospitals	5%
Transportation to Health Care	5%
Access to Physicians or Doctors	5%
Access to Assisted Living Services	5%
Access to Prenatal Care	3%

Access to Pharmacies or Medicines	3%
Access to Birth Control	2%

Other Issues to Consider

Tobacco Use

Percent of respondents reporting smoking at least 100 cigarettes in their life:
Yes: 49%
No: 52%

Percent of respondents that report current cigarette use:
Daily Use: 57%
Some Use: 6%
Not At All: 37%

Questions Regarding Mammograms

Percent of women reporting having a mammogram:
Yes: 58%
No: 42%

Reasons reported for not having a mammogram:
Doctor not recommended: 17%
Not needed: 6%
Too young: 40%
No reason: 26%
Not sure/other: 4%

When was last mammogram performed:
In last year: 49%
1-2 years: 29%
> than 2 years: 18%

The survey included health risks, utilization and screening services, and perception of health problems. The findings of the survey revealed that the community perceives **tobacco use, cancer, arthritis, drug abuse, teen pregnancy, and alcohol abuse** as top health problems facing their community.

In analyzing the access to care issues as perceived by the community, **access to nursing home care, access to dental care, and access to hospitals** were identified as the top concerns.

Secondary Data

Summary of Data Use

Health Indicator Trends
Overton County, Tennessee
3-Year Moving Averages

Pregnancy and Birth Data

Data is based on information from the Office of Vital Records, Tennessee Department of Health. All health indicator trends are formatted into three-year moving averages, and reflect a ten-year trend.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
1. Number births/1,000 females	Increasing	Above	Below
2. Percent births to unwed women	Increasing	Below	Below
3. Number teenage pregnancies	Stable	Below	Below
4. Number pregnancies/1,000 females	Increasing	Below	Below
5. Number pregnancies/1,000 females ages 10-14	Unstable	Below	Below
6. Number pregnancies/1,000 females ages 15-17	Stable	Below	Below
7. Number pregnancies/1,000 females ages 18-19	Unstable	Below	Below
8. Percent pregnancies to unwed women	Stable	Below	Below
9. Percent of live births classified as low birthweight	Unstable	Below	Below

10. Percent of live births classified as very low birthweight	Unstable	Below	Below
11. Percent births w/ 1 or more high risk characteristic	Decreasing	Below	Below
12. Infant deaths/1,000 births	Stable	Below	Below
13. Neonatal deaths/1,000 births	Stable	Below	Below

In analyzing the pregnancy and birth trends, the council focused on the following trends that showed an increasing indicator:

- Percent of births to unwed women
- Number of births/1,000 females
- Number of pregnancies/1000 females

Mortality Data

Using information reported by physicians on death certificates, underlying cause of death is coded by staff in Vital Records. The staff uses National Center for Health Statistics rules for assigning codes for underlying cause of death.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
14. White male age-adjusted mortality rate/100,000 population	Stable	Above	Above
15. Other races male age-adjusted mortality rate/100,000 population	Unstable	Below	Below
16. White female age-adjusted mortality rate/100,000 population	Increasing	Above	Above
17. Other races female age-adjusted mortality rate/100,000 population	Stable	Below	Below
18. Female breast cancer mortality rate/100,000 women age 40 or more	Unstable	Below	Below
19. Nonmotor vehicle accidental mortality rate	Increasing	Above	Above
20. Motor vehicle accidental mortality rate	Unstable	Above	Above
21. Violent death rates/100,000 population	Unstable	Below	Below

The above mortality data shows an increasing trend for:

- White female age adjusted mortality rate/100,000 population
- Nonmotor vehicle accidental death

Morbidity Data

Based on the number of incidence (new cases) which occur for a given disease in a specified time frame and the number of prevalence (existing cases) for a disease in a specified time period.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
22. Vaccine preventable disease rate/100,000 population	Stable	Below	Below
23. Tuberculosis disease rate/100,000 population	Unstable	Above	Above
24. Chlamydia rate/100,000 population	Increasing	Below	Below
25. Syphilis rate/100,000 population	Stable	Above	Below
26. Gonorrhea rate/100,000 population	Stable	Below	Below

Healthy People 2000 Objectives

In 1991, the Public Health Service of the U.S. Department of Health and Human Services published Healthy People 2000: National Health Promotion and Disease Prevention Objectives. That report was intended to assist both health providers and consumers in addressing measurable targets to be achieved by the year 2000. The data contained in this report addresses health status indicators for births, deaths, selected diseases, and external influences. The following is a comparison of the objectives to Overton County. The data used for Overton County is based on 1994-96 three year moving averages.

Healthy People 2000 Compared to Overton County

Health Status Indicators	Overton County Rate	Tennessee Rate	Nation's Rate
Death from all causes	613.4	563.1	No Objective
Coronary Heart Disease	153.6	134.8	100
Deaths from Stroke	38.9	34	20
Deaths of Females from Breast Cancer	25.2	22.4	20.6
Deaths from Lung Cancer	57.6	47.5	42
Deaths from Motor Vehicle Accidents	43.0	23.6	16.8
Deaths from Homicide	10.7	12.1	7.2
Deaths from Suicide	16.6	12.6	10.5
Infant Deaths	6.0	9.6	7.0
Percent of Births to Adolescent Mothers	4.7	6.6	None
Low Birthweight	6.9	8.7	5.0
Late Prenatal Care	20.0	19.9	10.0
Incidence of AIDS	*	14.1	-----
Incidence of Tuberculosis	10.9	11.6	3.5

* Three-year cumulative total cases are less than 5.

The health status indicators in bold are the rates for Overton County that are above the state's objective rates according to Tennessee's Healthy People 2000.

List of Data Sources

TN Department of Health Office of Vital Records
TN Department of Health Picture of the present, 1997
TN Department of Health, Health Access
TN Department of Economic and Community Development
Upper Cumberland Development District
Healthy People 2000

Health Issues and Priorities

Community Process

In summary, the Health Indicator Trends that have shown an increasing trend over the past 10 years include:

- **Number of births/1,000 females**
- **Percent births to unwed women**
- **Number pregnancies/1000 females**
- **Percent pregnancies to unwed women**
- **White female age-adjusted mortality rate/100,000 population**
- **Non-motor vehicle accidental mortality rate**
- **Chlamydia rate/100,000 population**

In analyzing these trends, the council's awareness of these problems increased dramatically. After a thorough analysis of all the data sets to include the Behavioral Risk Factor Survey, and Community Health Assessment Survey, the council established priorities among a multitude of problems. In order to ensure the accuracy of the council's ranking, the Community Development staff developed a Prioritization Table that provided a means of comparison between all top issues addressed. This table presents the order ranking of each issue from both surveys and then compares the actual data to each issue. The data may either reinforce or refute the council's perceptions about their top concerns. The Prioritization Table is a culmination of the information presented to the council over the last several months and is provided in a concise and well-organized manner.

OVERTON COUNTY PRIORITIZATION TABLE

Priority Issue	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
Tobacco Use/Smoking/Smokeless Tobacco	(1)	(2) (7)	In ages 25-44, mortality rates for malignant neoplasms steadily increased from 85-87 through 89-91 at which time the rates decreased until 93-95. The rate increased for 94-96, but it falls below both the state and the region. Mortality rates for ages 45-64 have shown an increasing trend over the past 10 years with the rate for 94-96 being above the state and the region. Malignant neoplasm mortality rates for ages 65+ have shown an increase, and have remained high over the past 10 years with the rate for 94-96 being above both the state and the region. The lung cancer incidence rate for 1995 was 62.0, with the state's rate being 64.2. There were 15 reported cases for 1995.
Teen Alcohol & Drug Abuse	(6/4) Addressed Total Population	(1)	Suicide rates in ages 5-14 dramatically increased from 85-87 to 86-88, and remained well above the state and the region through 89-91. Since that time, no deaths were reported as suicides through 94-96. Death rates from suicide for ages 15-24 have shown a dramatic increase over the past 10 years with the 94-96 rate being well above the state and the region.
Adult Drug Abuse	(4)	(3)	
Adult Alcohol Abuse	(6)	(4)	Death rates from chronic liver disease and cirrhosis for ages 25-44 increased from 87-89 through 90-92. The rates have decreased since that time, but the rate for 94-96 remains above the state and the region. Mortality rates for chronic liver disease and cirrhosis for ages 45-64 have steadily increased over the past 10 years with the rate for 94-96 being above the state and the region.
Cancer Lung Cancer Other Cancer Breast Cancer	(2)	 (12) (15) (16)	The death rates for malignant neoplasms for ages 5-14 have been extremely unstable for the past 10 years, but the rate for 94-96 is well above the state and the region. In ages 25-44, mortality rates for malignant neoplasms steadily increased from 85-87 through 89-91 at which time, the rates decreased until 93-95. The rate increased for 94-96, but it falls below both the state and the region. Mortality rates for ages 45-64 have shown an increasing trend over the past 10 years with the rate for 94-96 being above the state and the region. Malignant neoplasm mortality rates for ages 65+ have shown an increase and have remained high over the past 10 years with the rate for 94-96 being above both the state and the region. The lung cancer incidence rate for 1995 was 62.0, with the state's rate being 64.2. There were 15 reported cases. Breast cancer incidence rates for 1995 in Overton county was 38.0, with the state's rate being 94.4. There were 5 reported cases. Mortality rates for female breast cancer in women age 40 and over have shown an increasing trend over the past 10 years, but the rate for 94-96 falls below the state and the region.

Priority Issue	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
High Blood Pressure	(7)	(5) Stress Ranked 8th	Cerebrovascular disease mortality rates for ages 25-44 were above the state, but below the region in 85-87. The rates then dropped, and no deaths have been reported through 94-96 for this age group. Mortality rates for ages 45-64 increased slightly from 85-87 through 91-31. Since that time, the rates have decreased with the rate for 94-96 falling below the state and the region. Mortality rates for cerebrovascular disease for ages 65+ have shown an increase since 91-93. The rate for 94-96 is above both the state and the region.
Teen Pregnancy	(5)	(8)	Rates of teenage pregnancies in ages 10-17 have remained fairly stable over the past 10 years. The rate for 93-95 falls well below the state and the region. In ages 10-14, pregnancy rates were slightly unstable, with the rate for 94-96 being below the state and the region. In ages 15-17, pregnancy rates have remained stable and are below the state and the region. In ages 18-19, pregnancy rates have remained high over the past 10 years, but the 94-96 rate falls below the state and the region.
Heart Conditions	(8)	(6)	Death rates from diseases of the heart for ages 25-44 have shown a dramatic and steady increase over the past 10 years, with the rate for 94-96 being well above the state and the region. In ages 45-64, death rates have shown a decrease with the rate for 94-96 being below the state and the region. Rates for ages 65+ have been unstable, but high over the past 10 years. The rate for 94-96 is above the state and the region.
Obesity	(9)	(10)	See High Blood Pressure: Cerebrovascular Disease tends See Heart Conditions: Diseases of the Heart trends
Arthritis	(3)	(10)	
Domestic Violence	(14)	(9)	
Health Problems of the Lungs	(10)	Lung Cancer Ranked 12th	Death rates for chronic obstructive pulmonary disease for ages 45-64 decreased from 85-87 through 91-93. Since that time, the rates have increased and the rate for 94-96 is above the state and the region. The rates for ages 65+ have remained stable over the past 10 years. The rate for 94-96 is above the state and the region. . The lung cancer incidence rate for 1995 was 62.0, with the state's rate being 64.2. There were 15 reported cases for 1995.

Overton County Priorities

In order to ensure that all health problems were addressed in the same manner, the council utilized a process termed "Score and Rank". This process is an objective, reasonable and easy to use procedure that determines the priority issues. Each health and social concern is assigned a rank based on the size and the seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. The Score and Rank Process is outlined below:

Score and Rank Process

Consider the following:

Size: This reflects the percentage of the local population affected by the problem.
The largest percentage will be ranked 1.
The smallest percentage will be ranked 12.

Seriousness: The most serious problem will be ranked 1.
The least serious problem will be ranked 12.

Keep in mind:

- What is the emergent nature of the health problem? Is there an urgency to intervene? Is their public concern? Is the problem a health problem?
- What is the severity of the problem? Does the problem have a high death rate? Does the problem cause premature morbidity or mortality?
- Is there actual or potential economic loss associated with the health problems? Does the health problem cause long term illness? Will the community have to bear the economic burden?
- What is the potential or actual impact on others in the community?

STEP 1: Assign a rank for size.

1 being the highest rank (the largest percentage)
12 being the lowest rank (the smallest percentage)

Assign a rank for seriousness.

1 being the most serious
12 being the least serious

STEP 2: Add size and seriousness.

STEP 3: The final rank will be determined by assessing the totals. The lowest total will have a final rank of 1 and the highest total will have a final rank of 12.

The results of the Score and Rank Process were:

TOP ISSUES

1) Tobacco Use/Smoking/Smokeless Tobacco
1) Teen Alcohol and Drug Abuse
2) Adult Alcohol Abuse
3) Adult Drug Abuse
4) Cancer
5) Heart Conditions
6) Teen Pregnancy
7) Obesity
8) Domestic Violence
9) High Blood Pressure
10) Health Problems of the Lungs
11) Arthritis

At this point in the prioritization process, the Overton County Health Council members performed the PEARL TEST. Once health problems have been rated for size, seriousness and effectiveness of available interventions, they should be judged on the factors of: Propriety, Economics, Acceptability, Resources and Legality. The initial letters of these factors make up the acronym **PEARL**. The PEARL TEST is an additional way to gain a consensus of the council for the priority issue. The following is a brief description of the PEARL TEST.

***Propriety*:**	Is a program for the health problem suitable?
Economics:	Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
Acceptability:	Will the community accept a program? Is it wanted?
Resources:	Is funding available or potentially available for a program?
Legality:	Do current laws allow program activities to be implemented?

The top issues according to the PEARL Test were:

1) Teen Alcohol and Drug Abuse
2) Teen Pregnancy
3) Domestic Violence
4) Adult Alcohol Abuse
5) Adult Drug Abuse
5) Cancer
6) Health Problems of the Lungs

Future Planning

Through the Community Diagnosis Process, it was determined that the top issue of concern was the teen alcohol and drug abuse problem in Overton County. The future plans of the Overton County Health Council are to go through the action planning steps.

Taking Action Outline

The *Taking Action* cycle is a systematic approach to problem solving.
There are five phases of the cycle:

A	Phase 1	*A*ssess the Situation
C	Phase 2	Determine *C*auses
T	Phase 3	*T*arget Solutions
I	Phase 4	Design *I*mplementation
ON	Phase 5	Make it *On*going

Phase 1 **A**ssess the Situation

- Identifying priority health issue.
- Answering the question, "How does the priority health issue affect your community?"
- Writing mission statement based on answers to questions.
- Making decision to pursue health-related concern or to select another ingredient to work on.
- Listing community resources that could be applied to the priority health issue.
- Developing answers to the following questions:
  Who are the people/group being targeted?
  What do they need?
  Where do they need it?
  When is it needed?
- Identifying additional data and ways to gather information.

Phase 2 Determine **C**auses

- Reviewing who, what, where, and when for current health concerns and introduction to the "why".
- Discussing possible causes and the difference between a cause and a symptom.
- Listing causes of the problem, grouping them, and identifying the ones that are creating the problem issue.
- Identifying additional data that may be needed from the target group.

Phase 3 **T**arget Solutions and Ideas

- Targeting a solution.
- Identifying potential solutions that offer the greatest benefit for the causes.
- Listing possible barriers to the solution and actions to correct them.
- Developing criteria for a good solution.
- Revising the health-related concern into a problem statement which includes the health-related concern, the target population, the cause(s), and the solution or plan of action.

Phase 4 Design **I**mplementation, the Action Plan

- Setting goals and objectives.
- Forming work groups for the following categories: community partners, equipment needs, time lines, marketing plan, and staff needs/training.
- Presenting group/committee reports.
- Finalizing content of the categories.
- Restating goals and objectives.
- Forming budget group.

  Budget revisions and final approval of *Action Plan*.

Phase 5 Make it **On**going.

- Forming committees for:
  Evaluation
  Development/Sustainability
  Strategies for short and long term funding options.

Appendices

Appendix 1

Council Makeup

Overton County Health Council

Carolyn Isbell
Stephens Center
403 University Street
Livingston TN 38570
Shelia Pemberton
112 Bussell Street
Livingston TN 38570
Dele A. Davis
315 Oak Street, P.O. Box 550
Livingston, TN 38570

Pauletta Brady
Livingston Regional Hospital
315 Oak Street
Livingston, TN 38570
The Honorable Richard Mitchell
County Executive Office
317 University Street
Livingston, TN 38570
Dr. David Moore
217 Fairview Lane
Livingston, TN 38570

Judy Miller
Livingston Academy
120 Melvin Johnson Drive
Livingston, TN 38570
Rebecca Pincheon
Livingston Head Start
Community Center Building
West Broad Street
Livingston, TN 38570
Becky Hawks, TN Dept. of Health
Bureau of Health Services Administration
4th Floor, Cordell Hull Building
425 5th Avenue North
Nashville, TN 38570
Andy Langford
Overton County Health Department

Sheriff Kelly Hull
318 West Broad Street
Livingston, TN 38570

Laurie Smith
645 Mountain Drive
Livingston TN 38570

Tim McGill
315 Oak Street, P.O. Box 550
Livingston TN 38570
Rebecca Officer
Overton County Nursing Home
418 Bilbrey Street
Livingston, TN 38570
The Honorable Hosea Winningham
310 McHenry Circle
Livingston TN 38570

Christina C. Carr
317 East University Street
Livingston, TN 38570-1509

Rhonda Mainord, R.N.
A.H. Roberts Elementary
301 Zachary Street
Livingston, TN 38570
Gene Gantt
420 B W. Main Street
Livingston, TN 38570

Lori Arms
403 East University Street
Livingston, TN 38570

Pacesetters Inc.
Attention: Amy Wilson
107 Oak Street
Livingston, TN 38570

Vanessa Farris
Livingston Academy
120 Melvin Johnson Drive
Livingston, TN 38570
Kimberly Freeland
Regional Health Office

Carolyn Burchfield
386 Deck Cove Lane
Livingston, TN 38570

Medical Arts Center
Attention: Officer Manager
521 Medical Drive
Livingston, TN 38570
Representative John Mark Windle
P.O. Box 707
Livingston, TN 38570
Teresa Ogletree
Family Resource Center Director
Overton County Schools
112 Bussell Street
Livingston, TN 38570
Susan Fortner
Livingston Regional Hospital
315 Oak Street
Livingston, TN 38570
Betty Parrott
Overton County Senior Citizens Center
1013 Bradford Hicks Drive
Livingston, TN 38570
Senator Lincoln Davis
1690 Delk Creek Road
Pall Mall, TN 38570

Melissa Thomas
Dale Hollow Mental Health Center
501 Spruce Street
Livingston, TN 38570
Amy Leimer
Family Advocate
Genesis House
P.O. Box 1183
Cookeville, TN 38501
Carla Brown
Overton County Health Department

Angie Beaty
American Cancer Society
508 State Street
Cookeville, TN 38501
Diane Fowler
Family Mission Inc.
P.O. Box 1195
Jamestown, TN 38556

Tracie Geizentanner
Dale Hollow Mental Health Center
501 Spruce Street
Livingston, TN 38570
Clay Parsons
217 East Cedar Street
Livingston, TN 38570

Helen Weissinger
2099 Cope Cemetery Road
Monroe, TN 38573
Dr. Vincent Fromke
141 Southwood Road
Livingston, TN 38570

Rene Stover
Overton County Teen Center
P.O. Box 115
Livingston, TN 38570
Deloris Turnbull
Supt. Office
112 Bussell Street
Livingston, TN 38570
Cynthia Strong
Livingston Regional Hospital
315 Oak Street
Livingston TN 38570
Angela Hassler
1080 Bradford Hicks
Livingston, TN 38570

Diane Sadler
Board of Education
112 Bussell Street
Livingston, TN 38570

Dr. Tanya Grun
521 Medical Drive
Livingston, TN 38570
Betty Winningham
1432 Jay Bird Road
Monroe, TN 38573

Sue Ellen McDonald
260 Copeland Cove Lane
Livingston, TN 38570

Appendix 2

BY LAWS
FOR
OVERTON COUNTY HEALTH COUNCIL

ARTICLE I. NAME

The name of this organization shall be OVERTON COUNTY HEALTH COUNCIL (hereafter referred to as "COUNCIL") and will exist within the geographic boundaries of OVERTON County, Tennessee. The council shall exist as a non-incorporated, not-for-profit, voluntary membership community service organization.

ARTICLE II. MISSION

The Overton County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability, accessibility and affordability of quality health care within the Upper Cumberland Tennessee Public Health Region.

ARTICLE III. GOALS

The goals of the Council are to assess the present and future health care needs of the Overton County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific health care problems within the community. From its analysis, the Council will: (1) formally define health care problems and needs within the community, (2) develop goals, objectives and plans of action to address these needs, and (3) formally identify all resources which are available to affect solutions.

ARTICLE IV. OFFICERS

Section 1: Officers

The officers of the council shall consist of the Chairperson, Vice-Chairperson, Secretary and Treasurer.

Section 2: Chairperson

The Chairperson will be elected by majority vote of the Council from nominees among its members. The Chairperson will preside over all meetings of the Council and will set the agenda for each meeting.

Section 3: Vice-Chairperson

The Vice-Chairperson will be selected by majority vote of the Council from nominees among its members. The Vice-Chairperson will preside in the absence of the Chairperson and assume duties by the Chairperson.

Section 4: Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the form of minutes, and will issue notice of all meetings and perform such duties as assigned by the Council. The Secretary/Treasurer shall keep account of all money arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall issue a financial report to the membership. The Secretary/Treasurer shall perform such duties incidental to this office.

Section 5: Term of Office

Officers shall be elected at the meeting in or following July of each year for a term of one year. Officers may be re-elected to serve additional terms.

ARTICLE V. MEMBERS

The Council shall consist of no less than 10 members and no more than 40.

Membership in the Council shall be voluntary. The Board of Directors will be composed of the current elected officers of the Council. The Council shall consist of an adequate number of voting members as to be effectively representative of all segments of the community. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups, and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds. Visitors are welcome, and all council meetings are open to the public. Automatic removal of a council member results when a member misses three (3) consecutive meetings or six (6) meetings in a calendar year.

ARTICLE VI. MEETINGS

Section I: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every two- (2) months, to be held at a time and place specified by the Council Chairperson

.

Section 2: Special Meetings

The Council Chairperson may call a special meeting, as desired appropriate, upon five days written notice to the membership.

Section 3: Quorum
A quorum shall consist of a majority of voting members present at the Council meeting.

ARTICLE VII. COMMITTEES

The Council may establish such standing or special committees as deemed appropriate for the conduct of its business. Committee membership will be assigned by the Chairperson and may consist of both Council members and other concerned individuals who are not members of the Council.

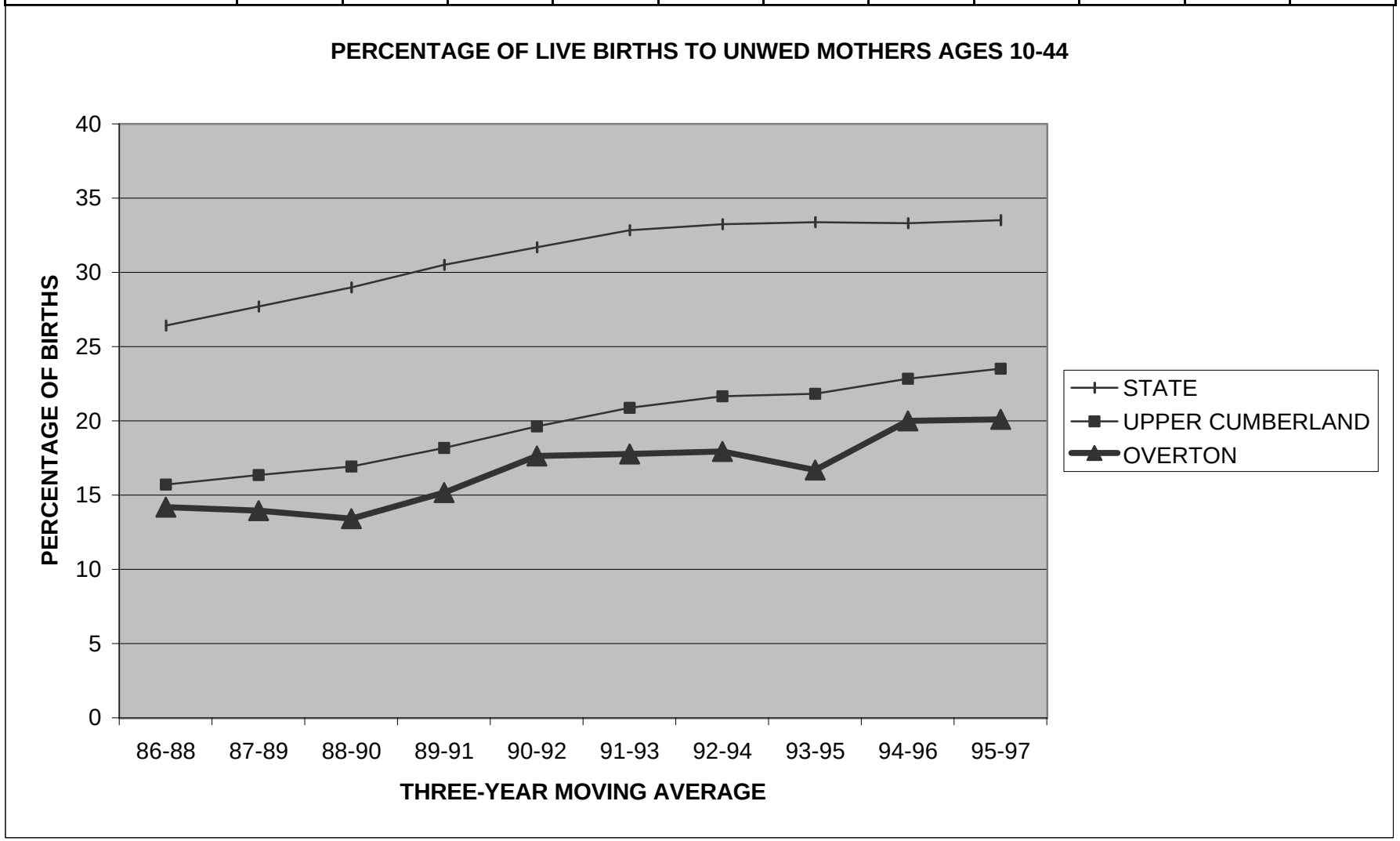
ARTICLE VIII: APPROVAL AND AMENDMENTS

These Bylaws will become effective upon approval by a majority vote of the membership of the Council. Thereafter, these Bylaws may be amended or repealed at any regular or special meeting called for the purpose by a majority vote of the voting members present, provided that the proposed additions, deletions or changes have been submitted in writing to all Council members not less than thirty (30) days prior to the meeting at which formal action on such amendments are sought.

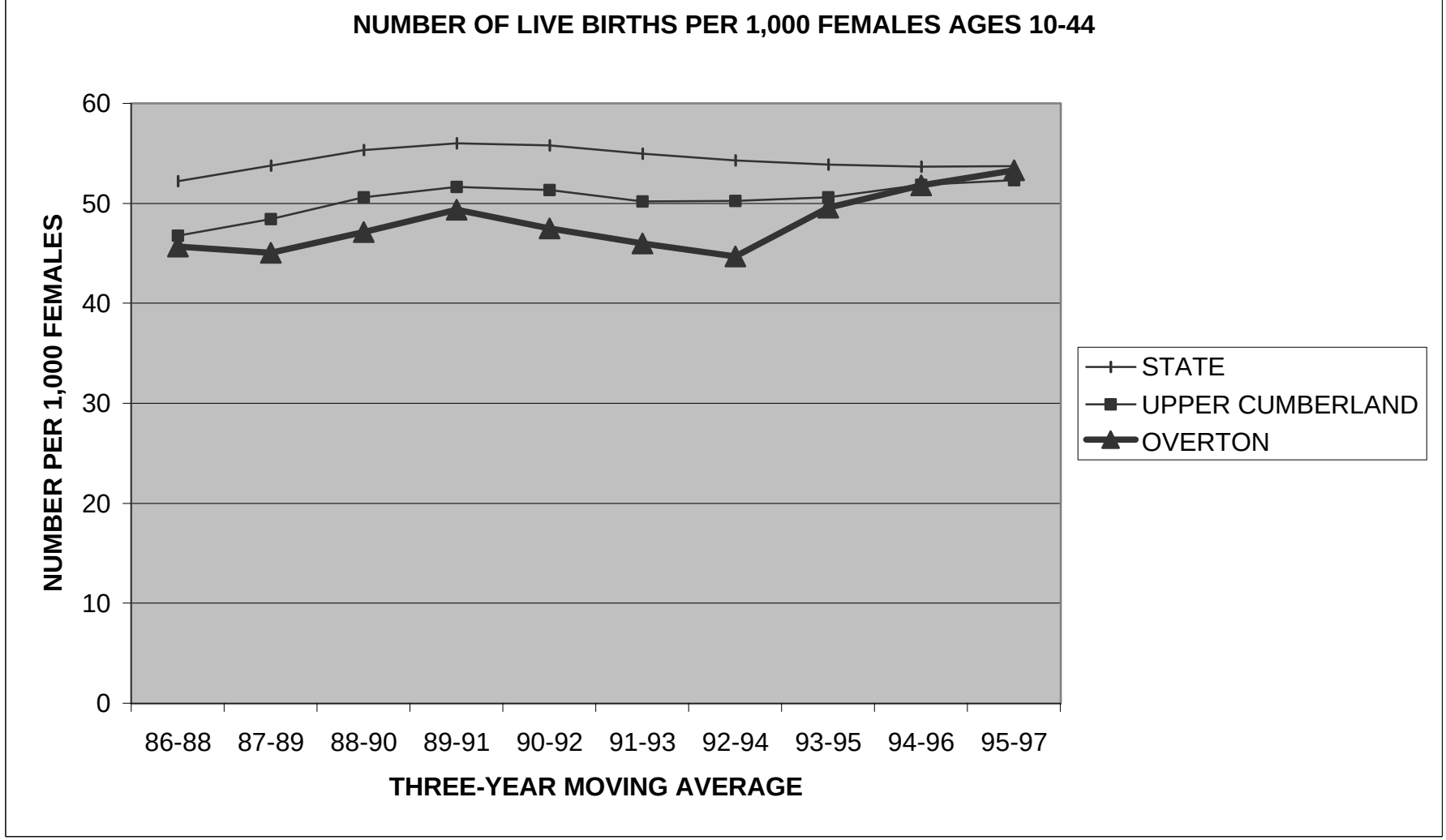
Appendix 3

Pregnancy and Birth Data

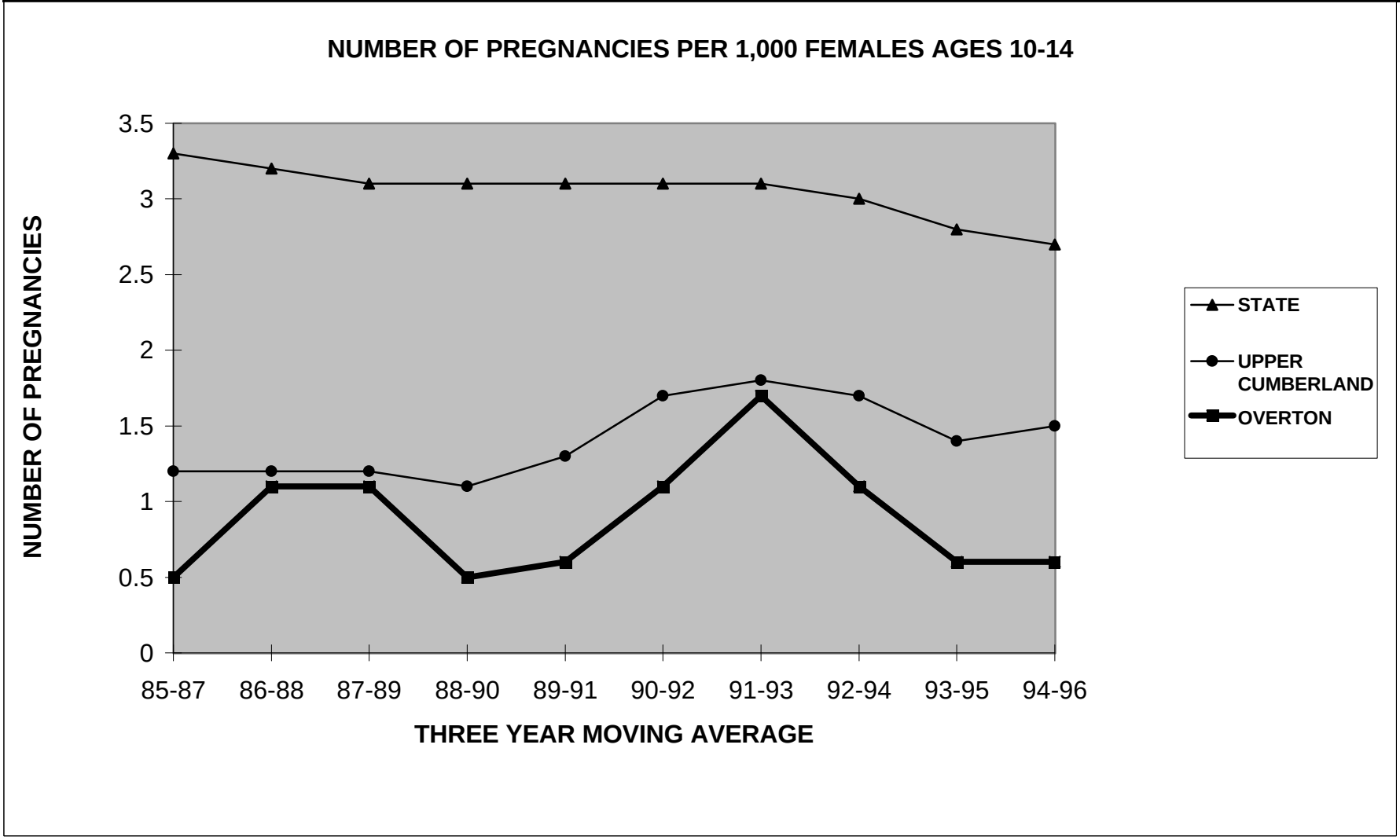
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5	
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5	
OVERTON	14.2	13.9	13.4	15.2	17.6	17.8	17.9	16.7	20.0	20.1	



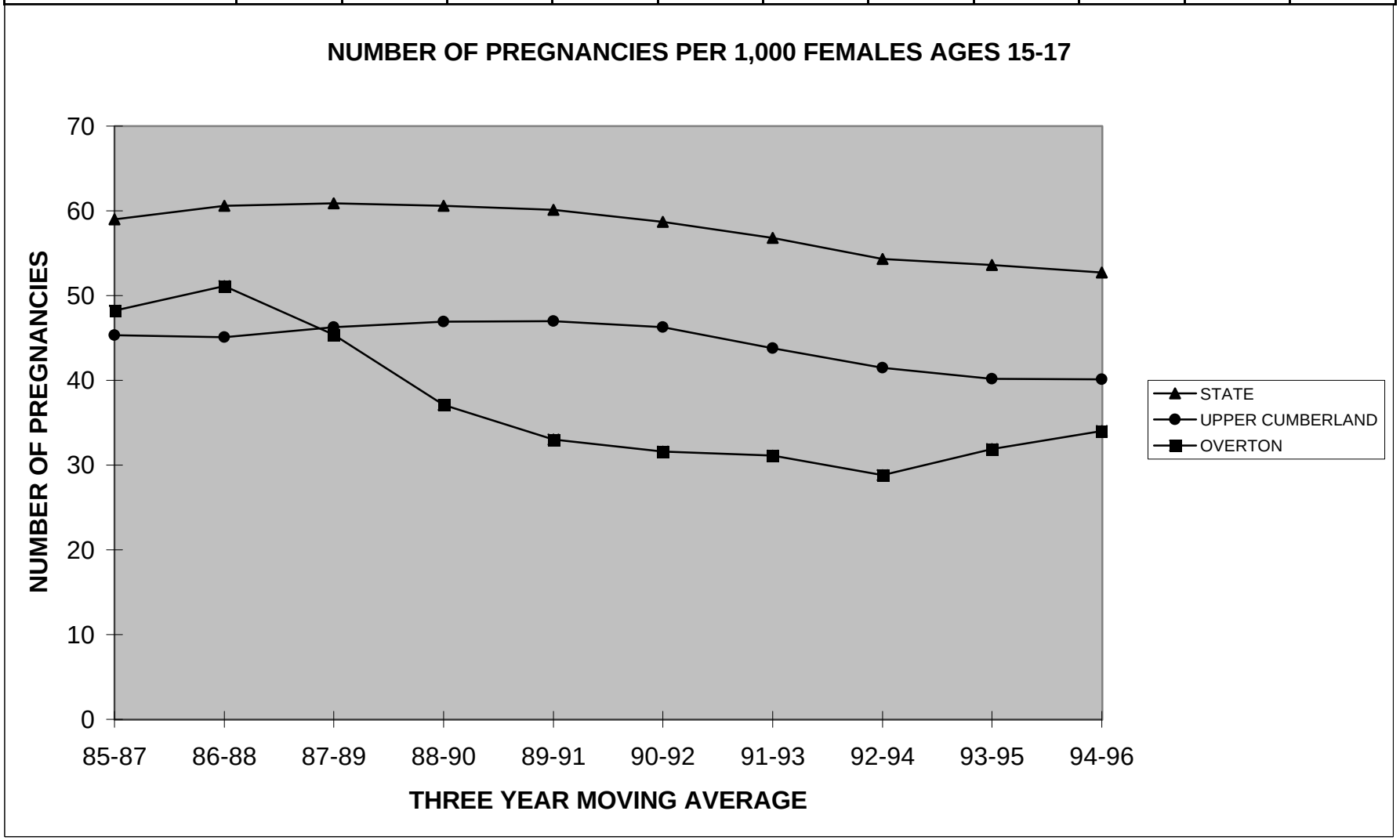
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7	
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3	
OVERTON	45.7	45.1	47.1	49.4	47.5	46.0	44.7	49.6	51.8	53.3	



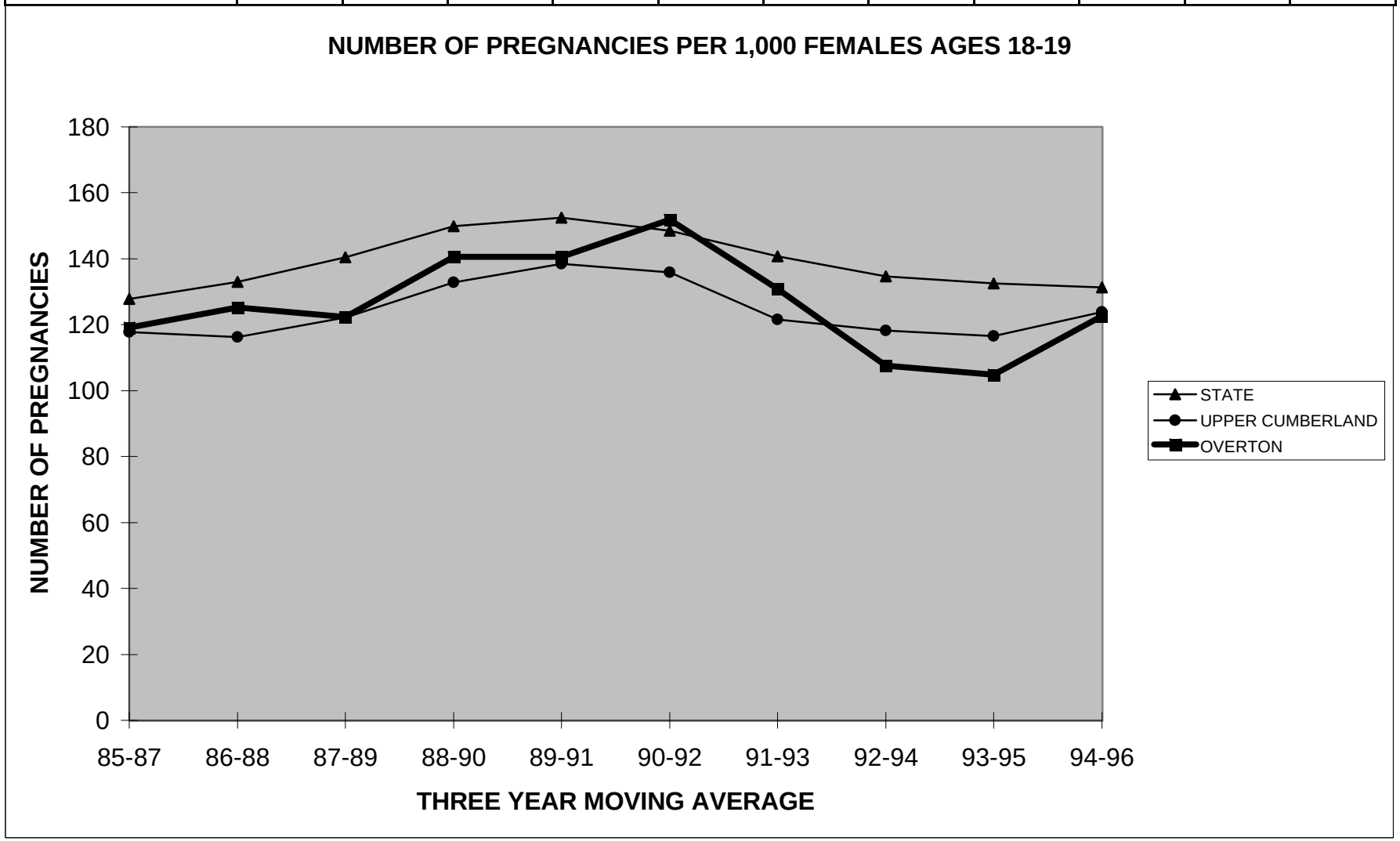
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	3.3	3.2	3.1	3.1	3.1	3.1	3.1	3.0	2.8	2.7	
UPPER CUMBERLAND	1.2	1.2	1.2	1.1	1.3	1.7	1.8	1.7	1.4	1.5	
OVERTON	0.5	1.1	1.1	0.5	0.6	1.1	1.7	1.1	0.6	0.6	



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	59.0	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7	
UPPER CUMBERLAND	45.3	45.1	46.3	46.9	47.0	46.3	43.8	41.5	40.2	40.1	
OVERTON	48.2	51.1	45.4	37.1	33.0	31.6	31.1	28.8	31.9	34.0	

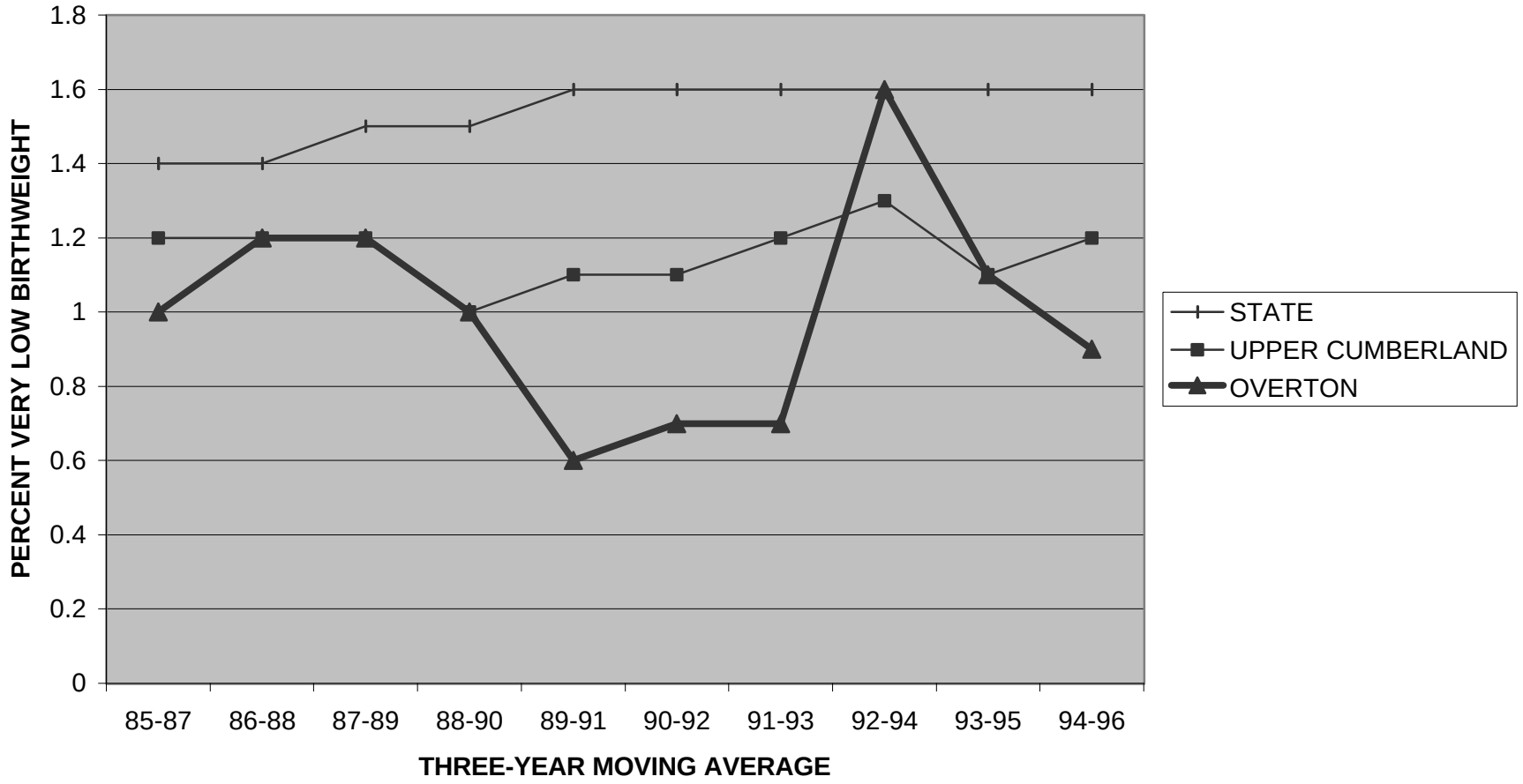


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	127.8	133.0	140.4	149.8	152.5	148.5	140.7	134.7	132.6	131.3	
UPPER CUMBERLAND	117.8	116.2	122.2	132.8	138.4	135.8	121.5	118.2	116.5	123.8	
OVERTON	119.1	125.2	122.4	140.6	140.6	151.9	130.8	107.6	104.9	122.7	

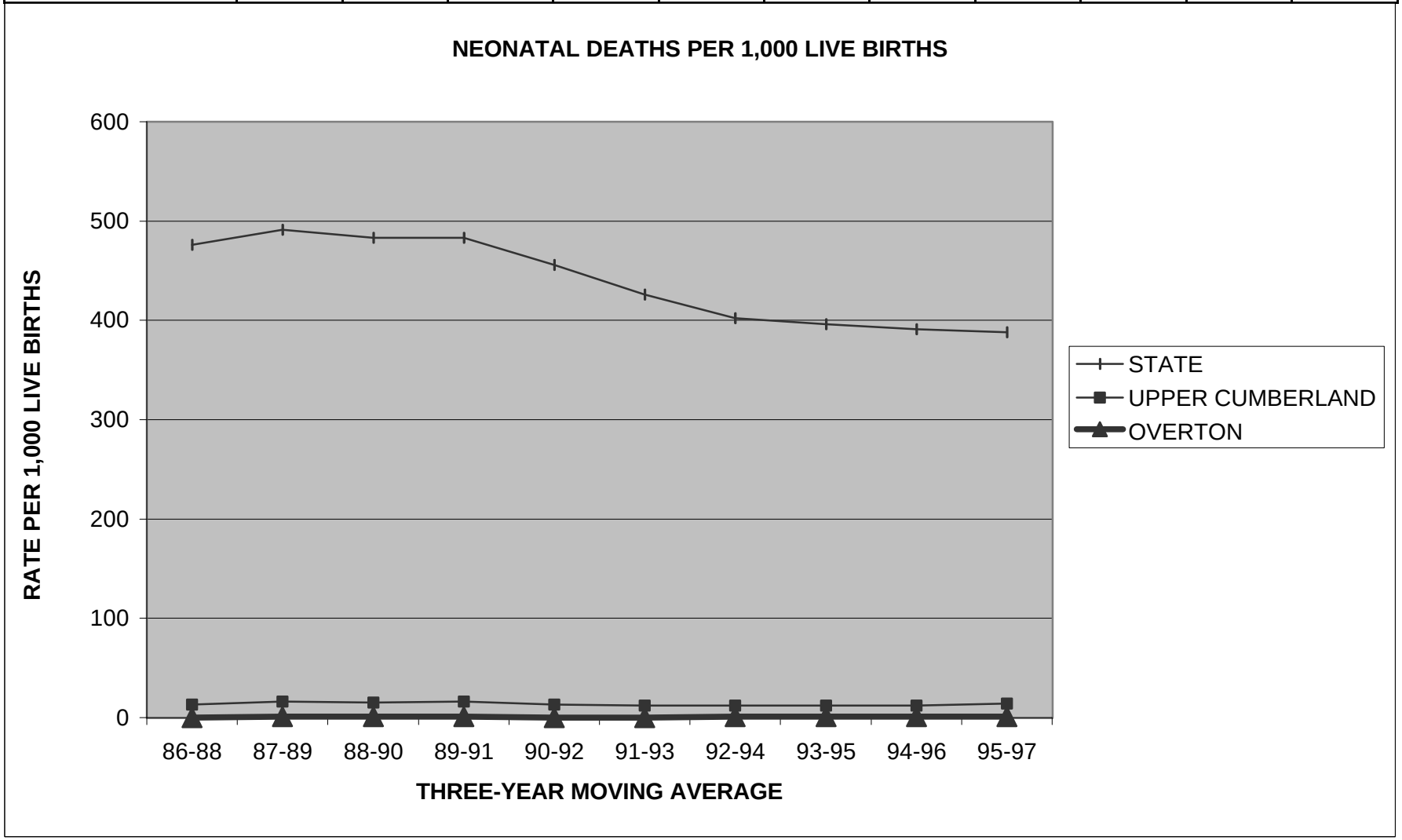


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6	
UPPER CUMBERLAND	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2	
OVERTON	1	1.2	1.2	1	0.6	0.7	0.7	1.6	1.1	0.9	

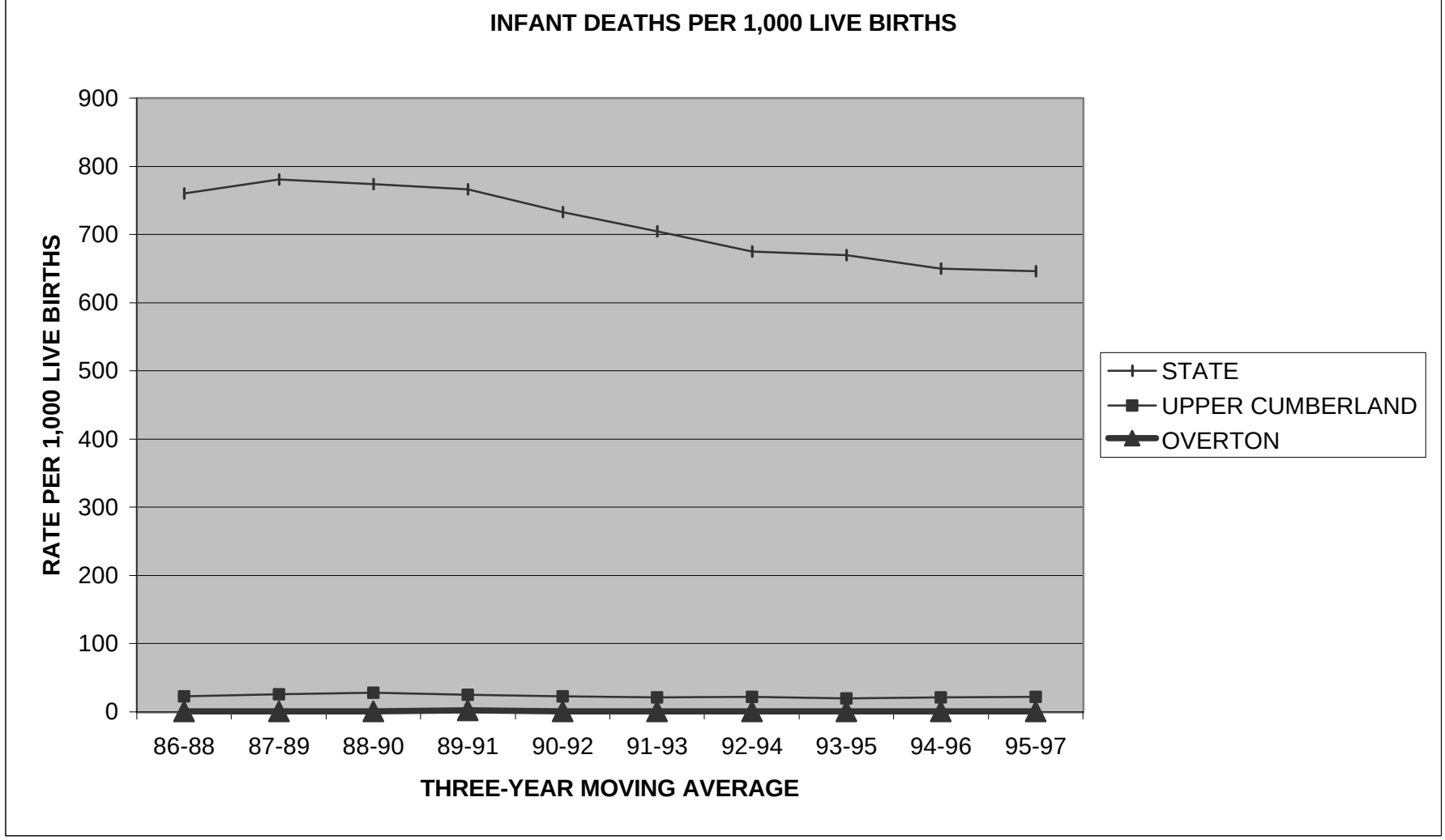
PERCENT OF LIVE BIRTHS CLASSIFIED AS VERY LOW BIRTHWEIGHT, AGES 10-44



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
OVERTON	0	1	1	1	0	0	1	1	1	1	

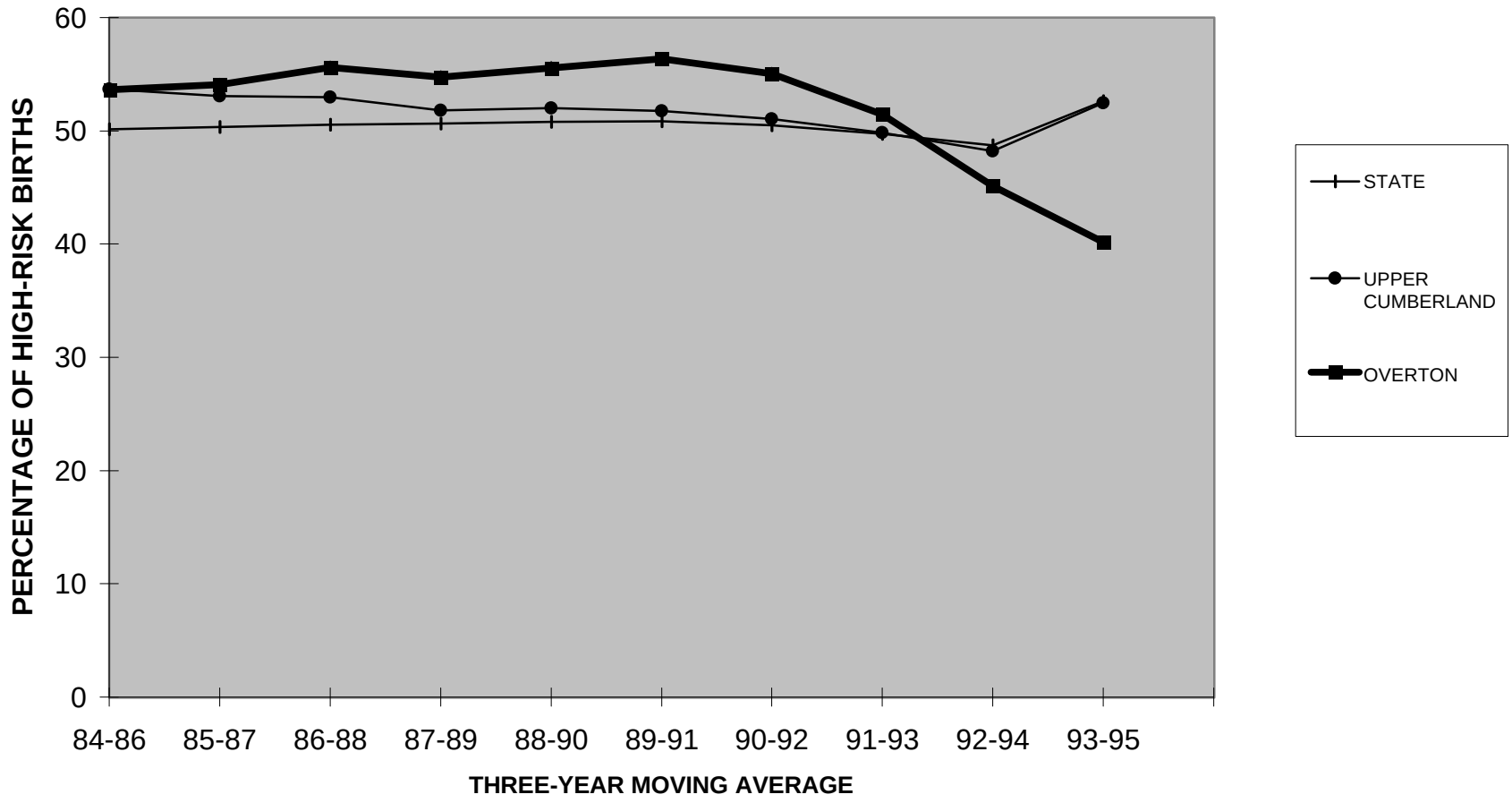


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	760	781	774	766	733	705	675	670	650	646	
UPPER CUMBERLAND	23	26	28	25	23	21	22	20	21	22	
OVERTON	1	1	1	2	1	1	1	1	1	1	

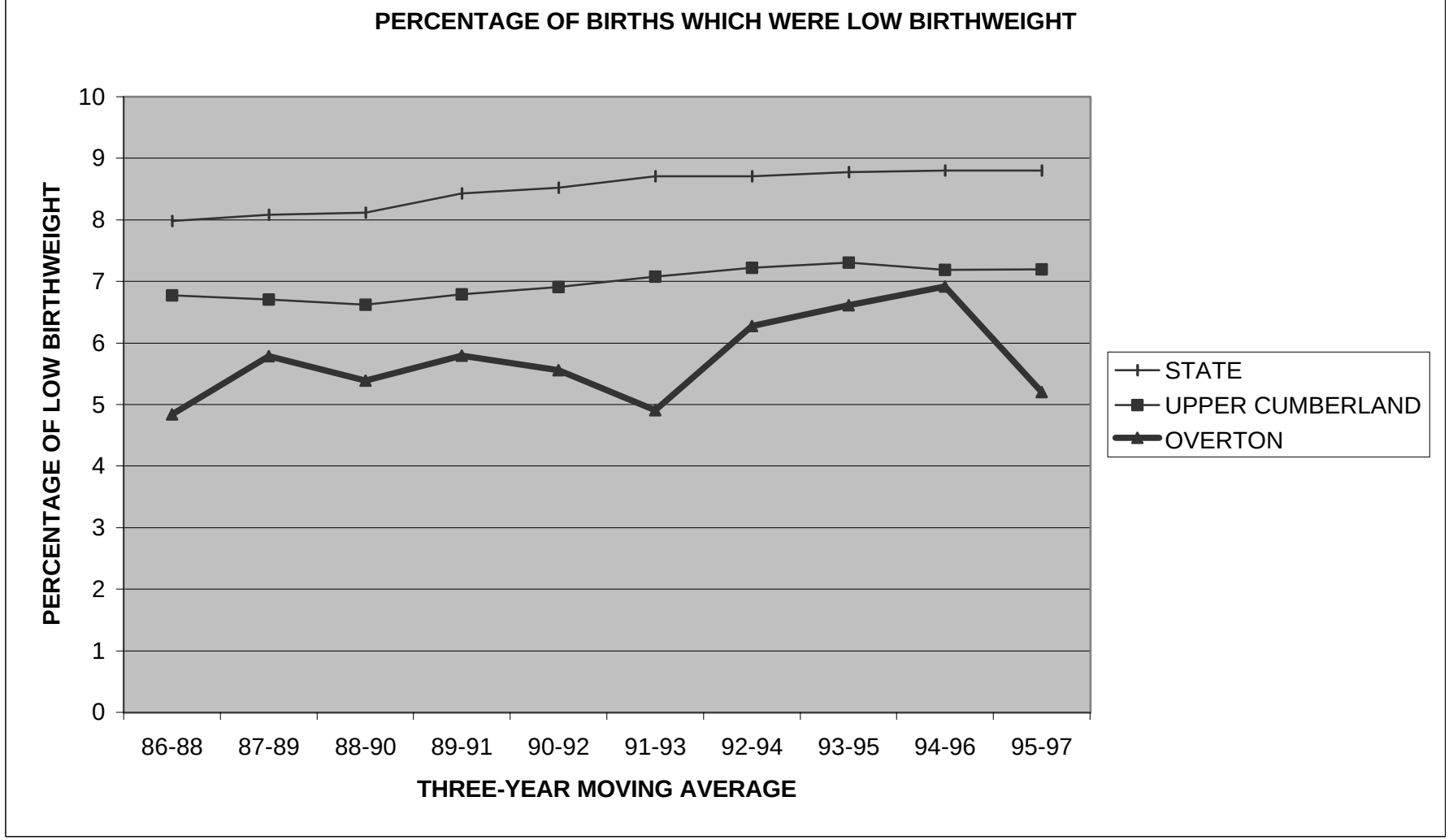


	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	50.1	50.3	50.5	50.6	50.8	50.8	50.5	49.7	48.7	52.6	
UPPER CUMBERLAND	53.7	53.1	53.0	51.8	52.0	51.7	51.0	49.8	48.2	52.5	
OVERTON	53.6	54.1	55.6	54.8	55.6	56.3	55.1	51.4	45.1	40.2	

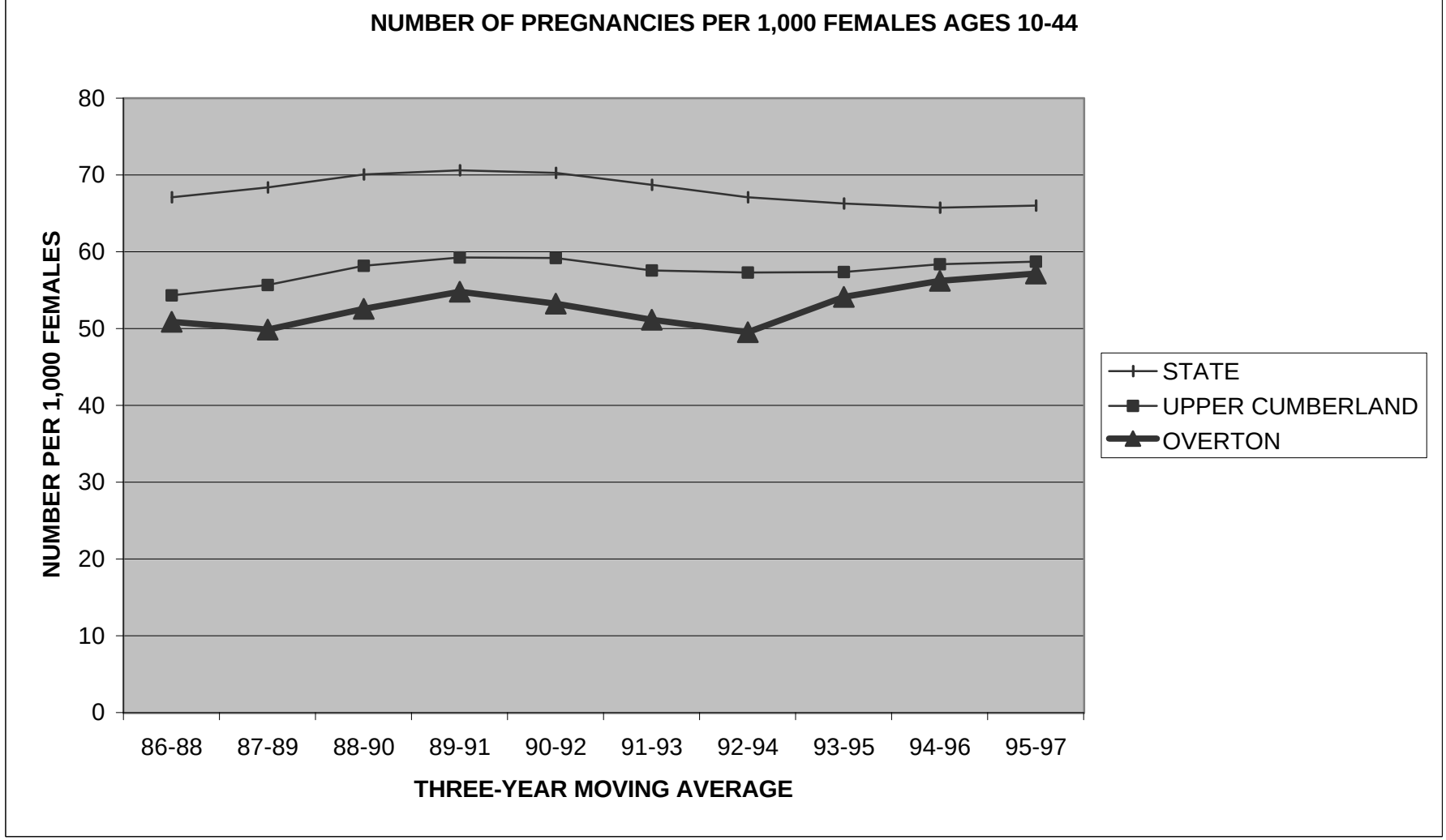
PERCENTAGE OF BIRTHS WITH ONE OR MORE HIGH-RISK CHARACTERISTICS*



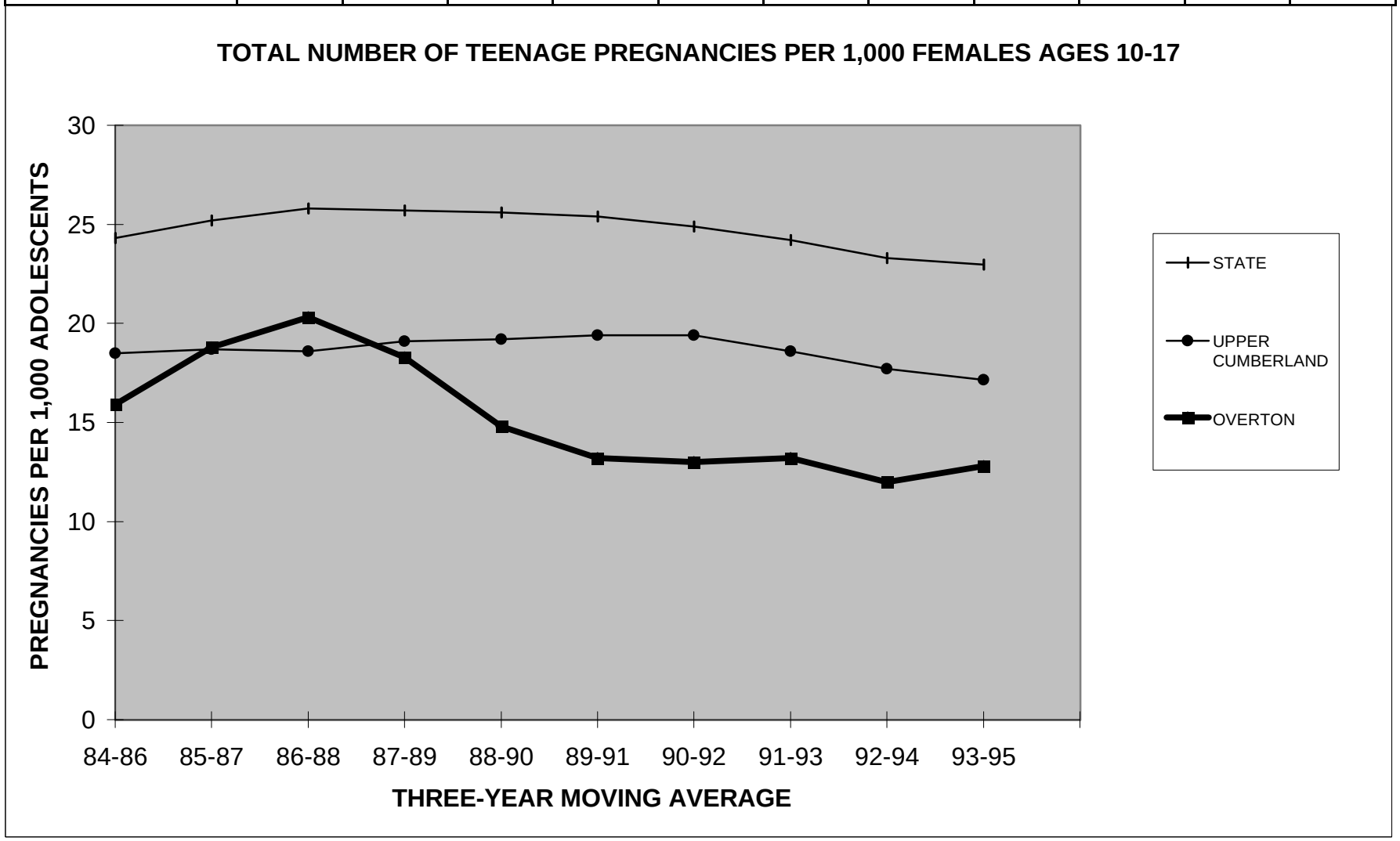
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	8.0	8.1	8.1	8.4	8.5	8.7	8.7	8.8	8.8	8.8	
UPPER CUMBERLAND	6.8	6.7	6.6	6.8	6.9	7.1	7.2	7.3	7.2	7.2	
OVERTON	4.8	5.8	5.4	5.8	5.6	4.9	6.3	6.6	6.9	5.2	



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPPER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
OVERTON	50.9	49.9	52.6	54.8	53.2	51.2	49.5	54.1	56.2	57.2	



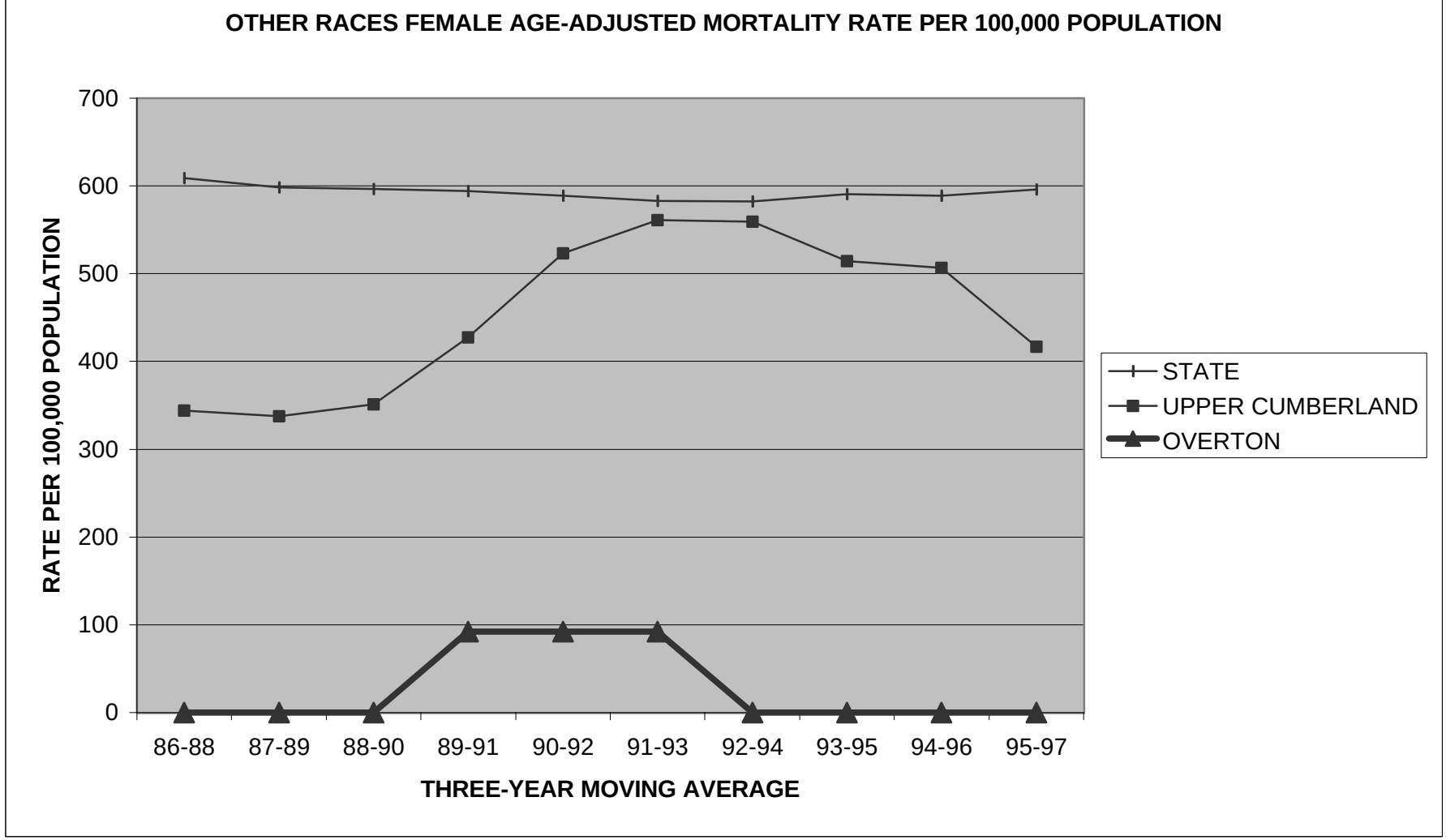
	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	24.3	25.2	25.8	25.7	25.6	25.4	24.9	24.2	23.3	23.0	
UPPER CUMBERLAND	18.5	18.7	18.6	19.1	19.2	19.4	19.4	18.6	17.7	17.2	
OVERTON	15.9	18.8	20.3	18.3	14.8	13.2	13.0	13.2	12.0	12.8	



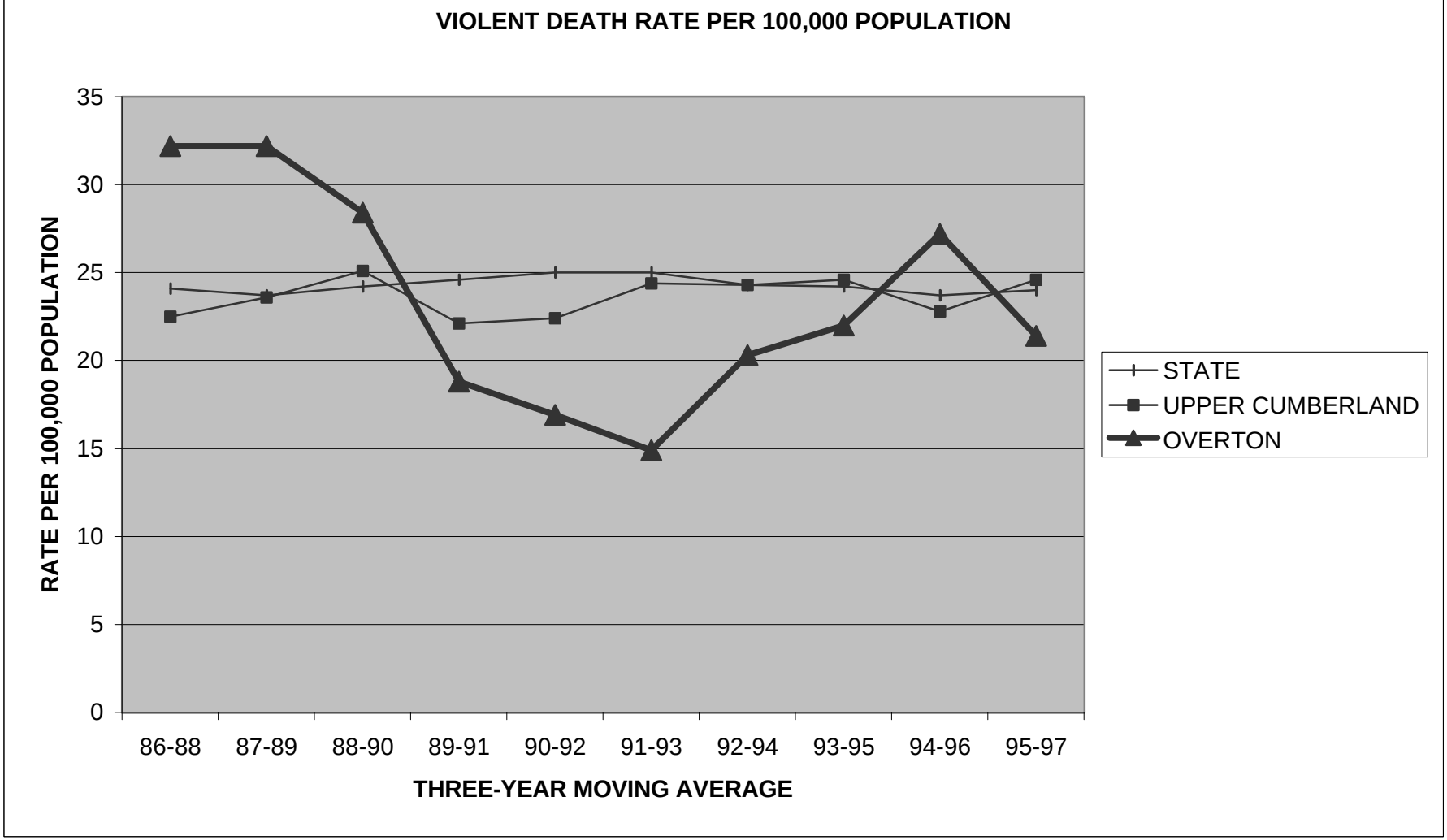
Appendix 4

Mortality Data

	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7	595.7	
UPPER CUMBERLAND	344.0	337.6	351.2	427.2	523.4	560.8	559.5	514.1	506.7	416.7	
OVERTON	0.0	0.0	0.0	92.3	92.3	92.3	0.0	0.0	0.0	0.0	

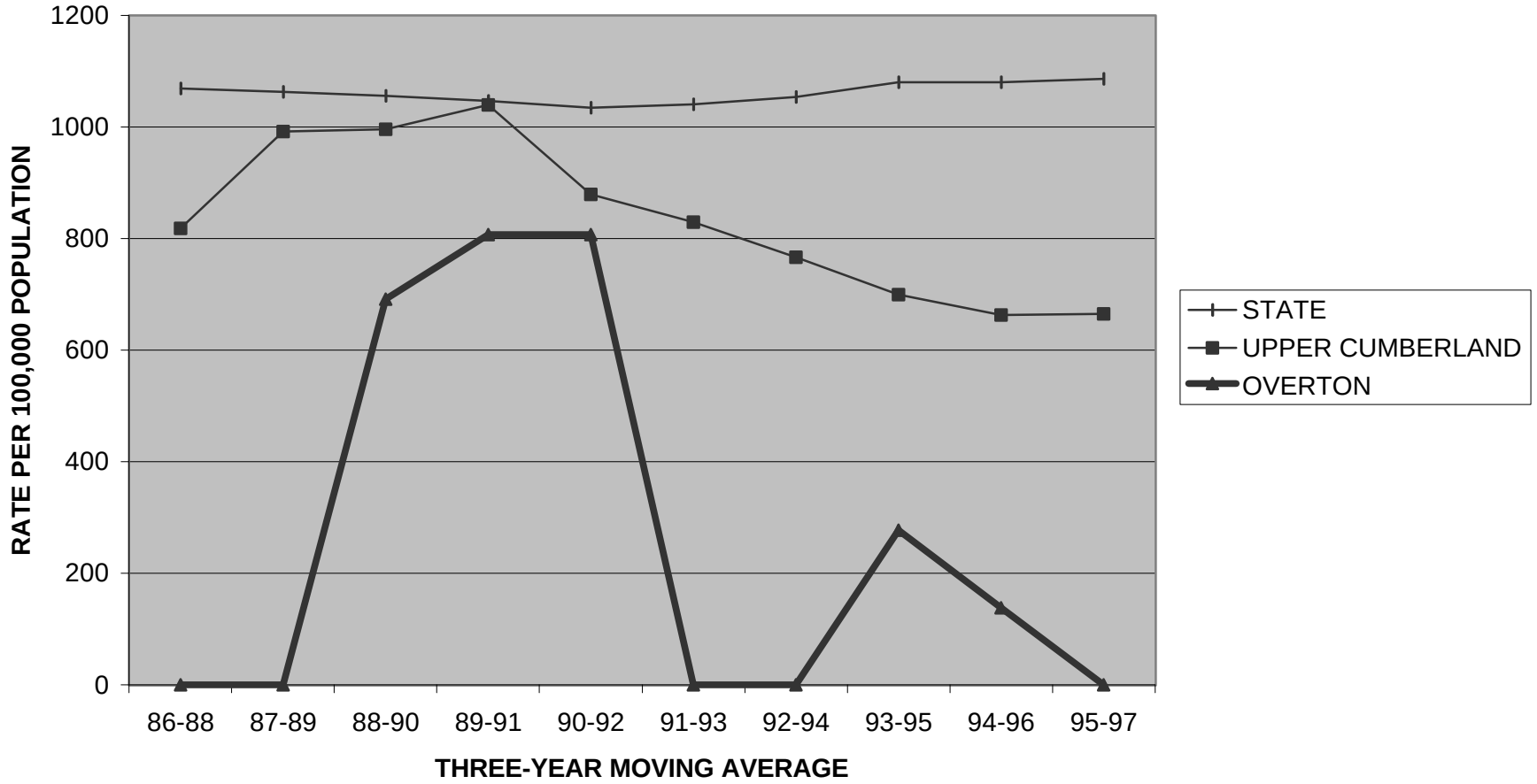


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0	
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.4	24.3	24.6	22.8	24.6	
OVERTON	32.2	32.2	28.4	18.8	16.9	14.9	20.3	22.0	27.2	21.4	



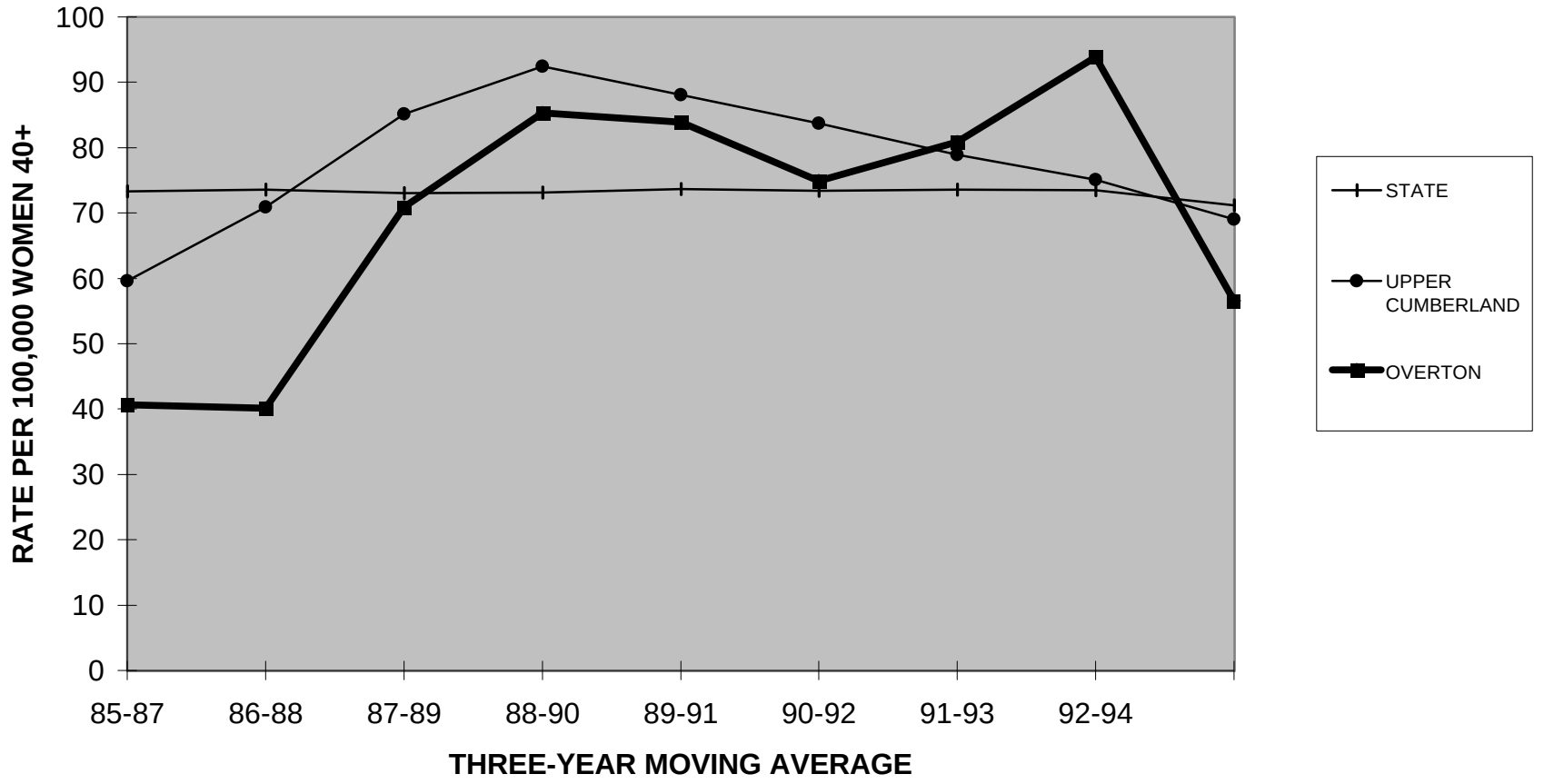
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8	
UPPER CUMBERLAND	817.8	992.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1	
OVERTON	0.0	0.0	691.8	807.1	807.1	0.0	0.0	277.0	138.5	0.0	

OTHER RACES MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION

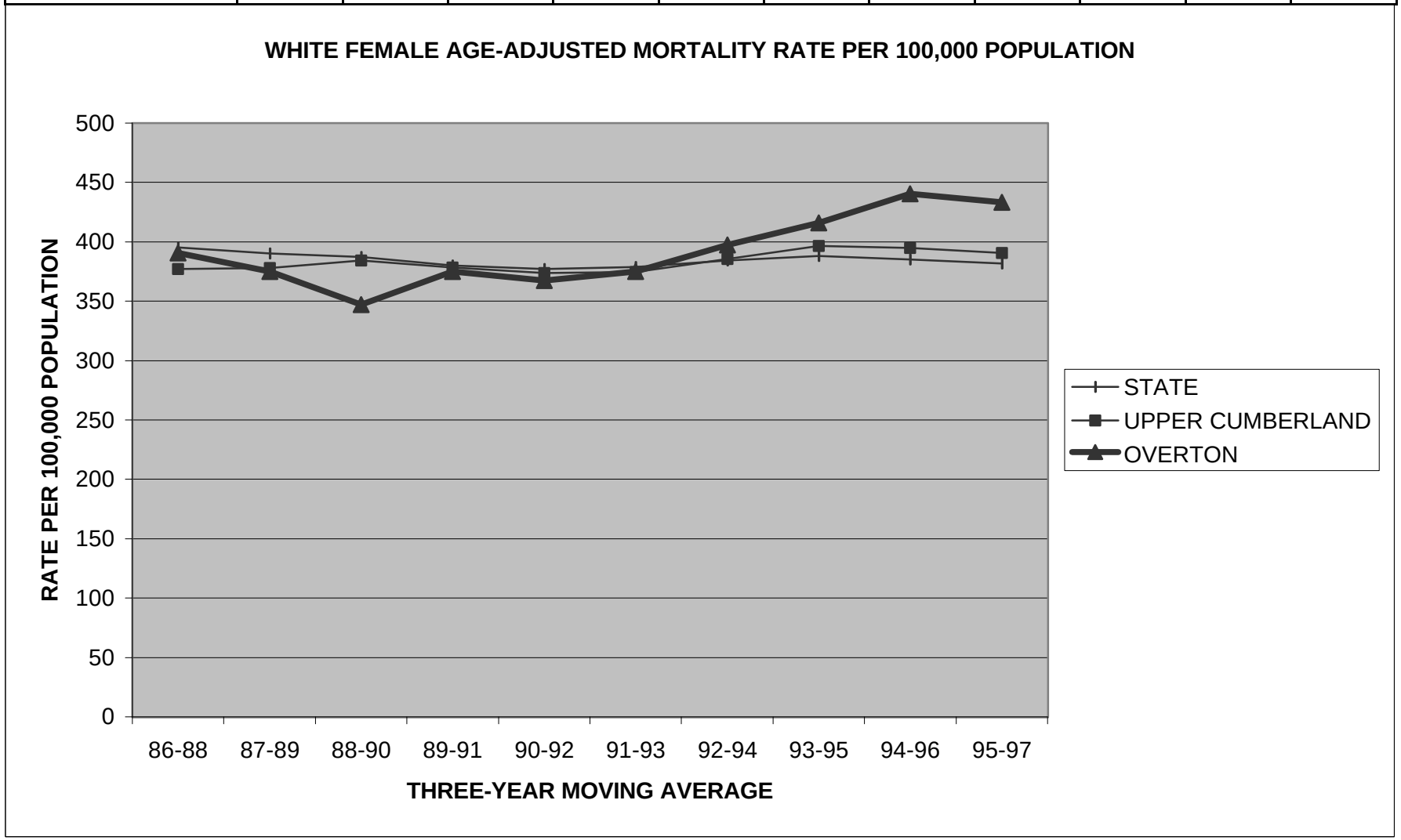


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2	
UPPER CUMBERLAND	62	59.6	70.9	85.1	92.4	88.1	83.7	78.9	75.1	69	
OVERTON	74.6	40.7	40.1	70.9	85.3	83.9	74.9	80.9	93.9	56.6	

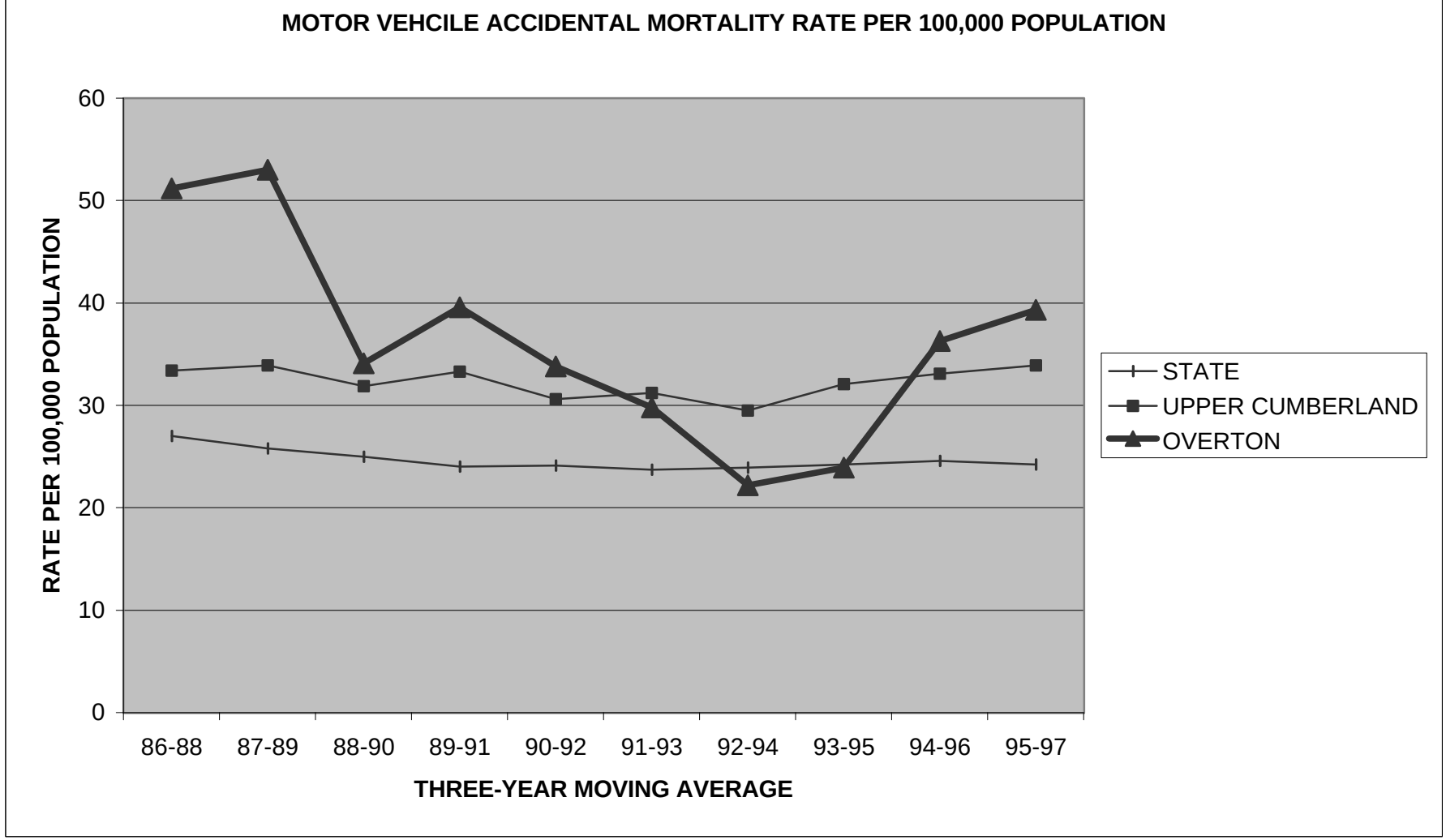
FEMALE BREAST CANCER MORTALITY RATE PER 100,000 WOMEN AGES 40 YEARS AND OLDER



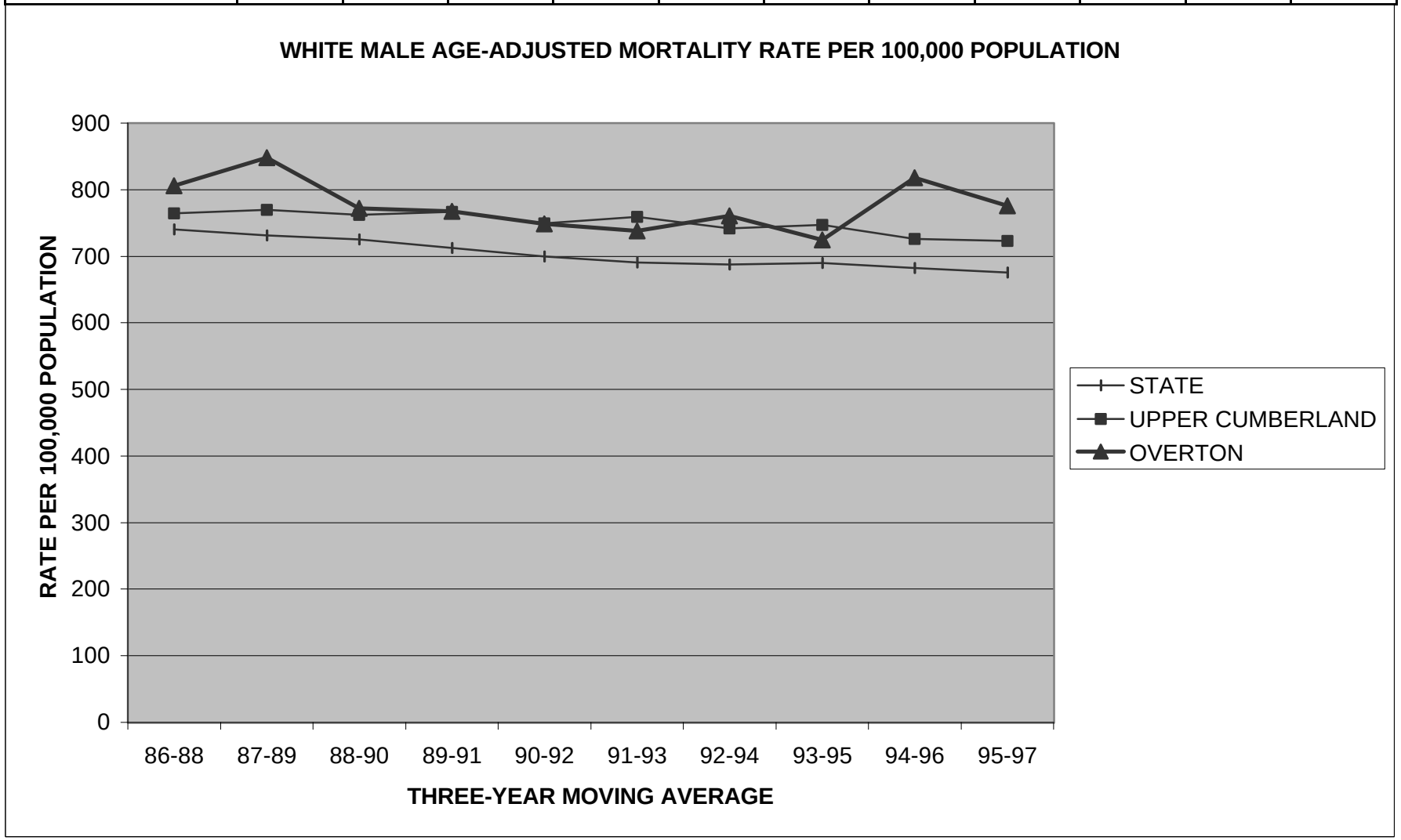
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	395.1	390.0	387.1	380.2	377.2	379.0	384.3	388.0	385.3	381.9	
UPPER CUMBERLAND	377.1	378.1	384.2	378.2	373.6	374.7	385.7	396.6	394.7	390.5	
OVERTON	390.5	374.8	347.2	375.2	367.3	375.0	397.5	416.1	440.4	433.3	



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2	
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9	
OVERTON	51.2	53.0	34.1	39.6	33.8	29.8	22.2	23.9	36.3	39.3	



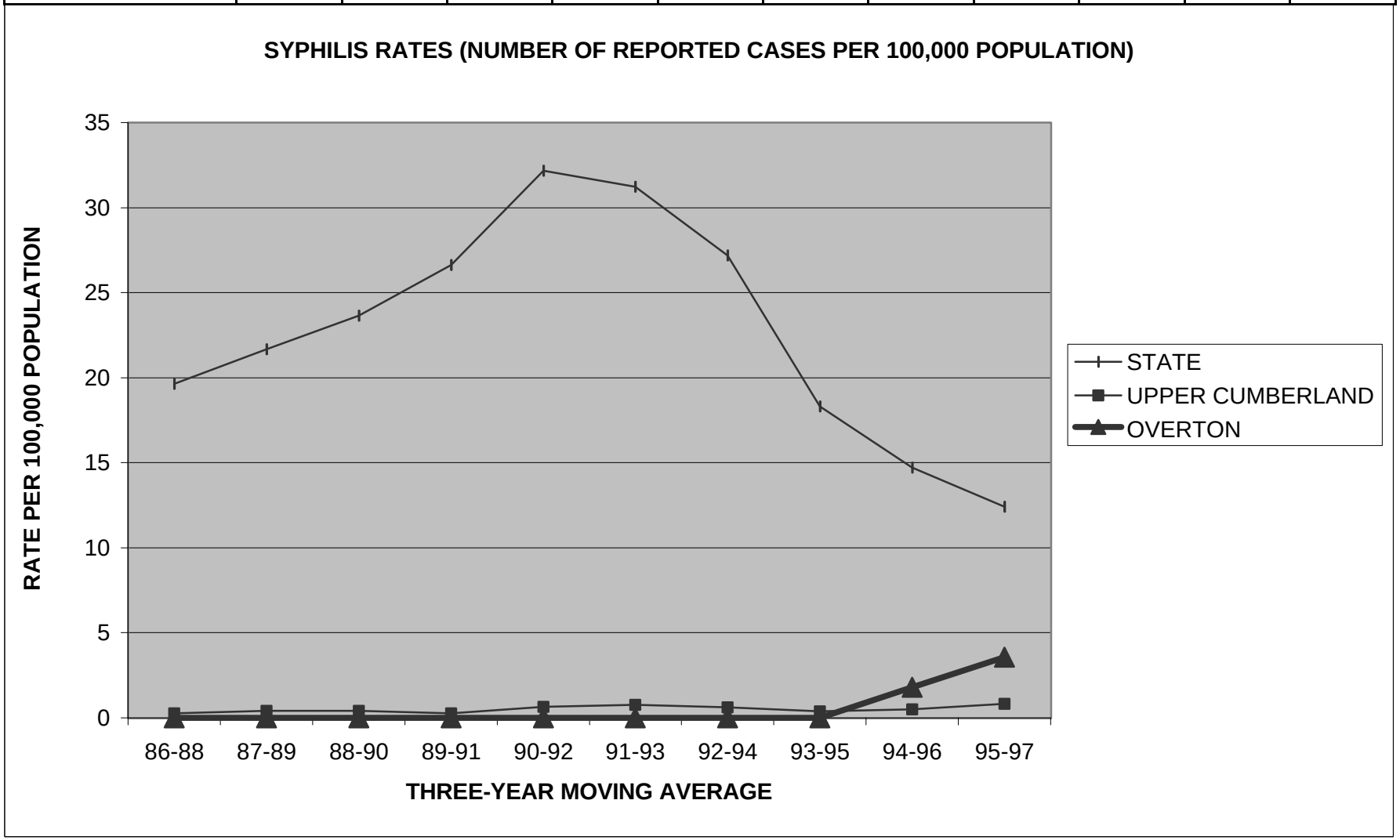
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	740.2	731.5	725.3	712.3	699.9	691.0	687.8	690.1	682.1	675.8	
UPPER CUMBERLAND	764.7	769.7	761.9	766.6	749.6	759.0	742.0	747.1	726.0	723.2	
OVERTON	806.0	847.7	771.7	767.6	748.8	737.9	760.9	724.4	818.2	776.0	



Appendix 5

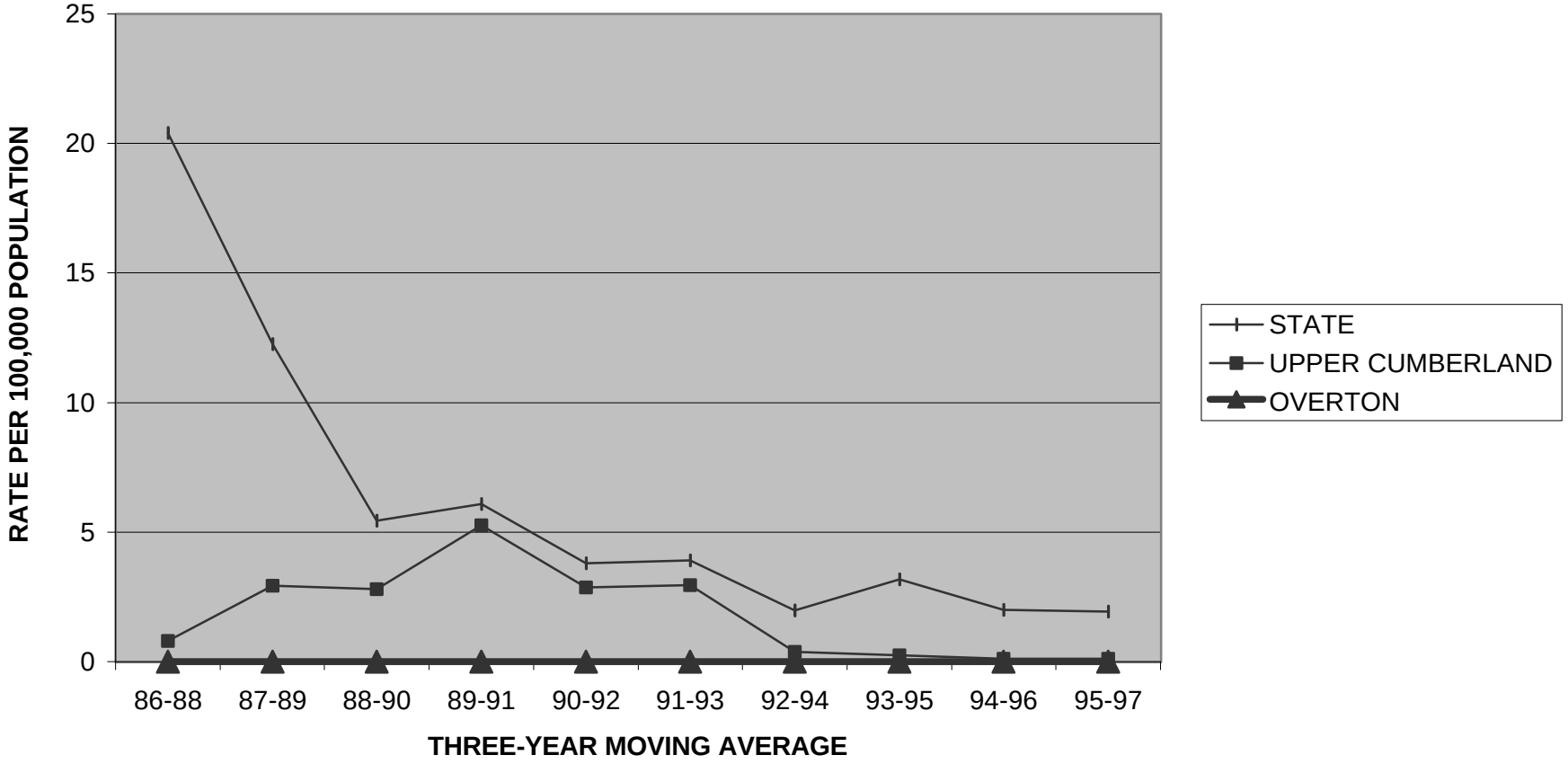
Morbidity Data

	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
OVERTON	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	3.6	



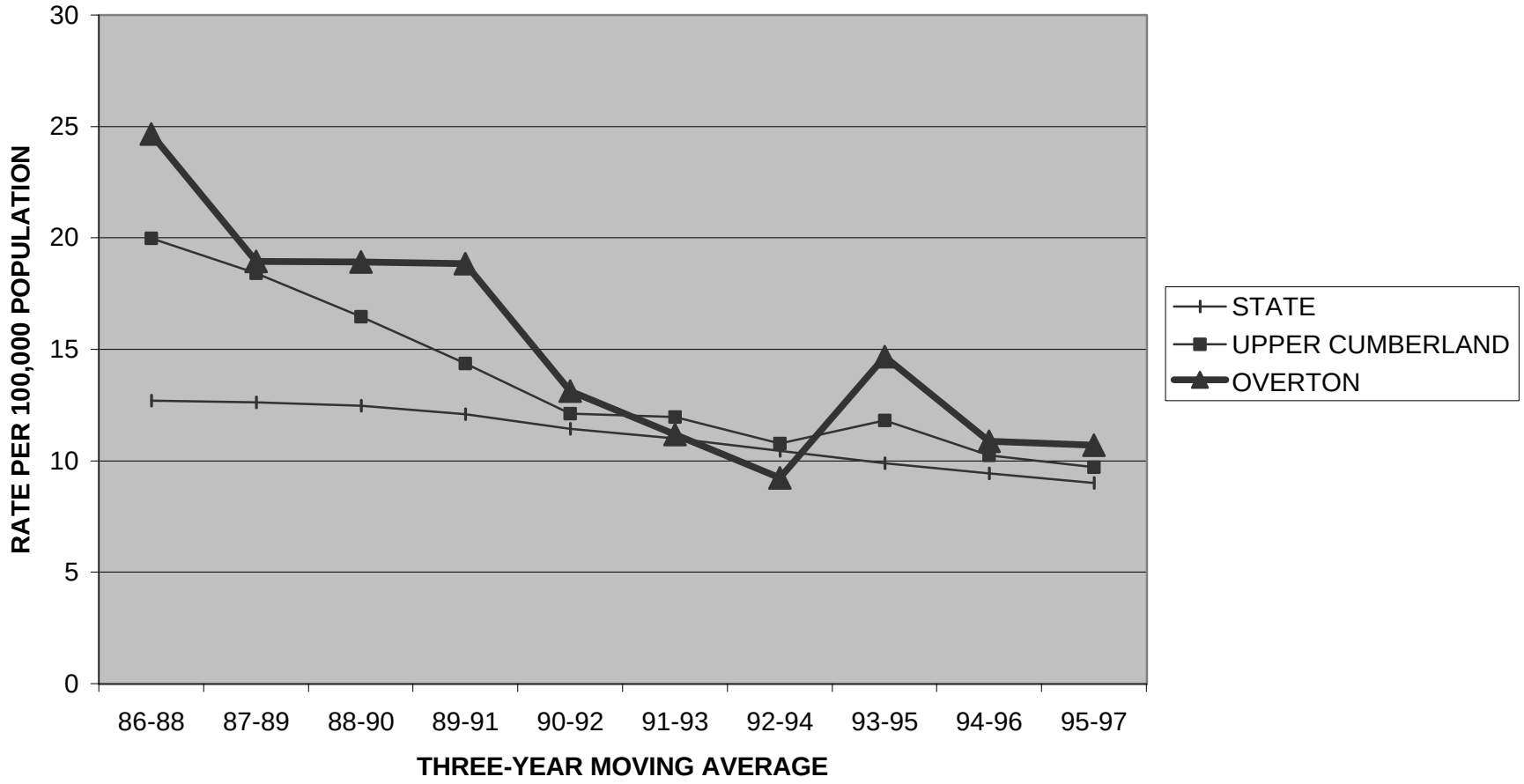
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	20.4	12.3	5.5	6.1	3.8	3.9	2.0	3.2	2.0	1.9	
UPPER CUMBERLAND	0.8	2.9	2.8	5.3	2.9	3.0	0.4	0.2	0.1	0.1	
OVERTON	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

VACCINE-PREVENTABLE DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)

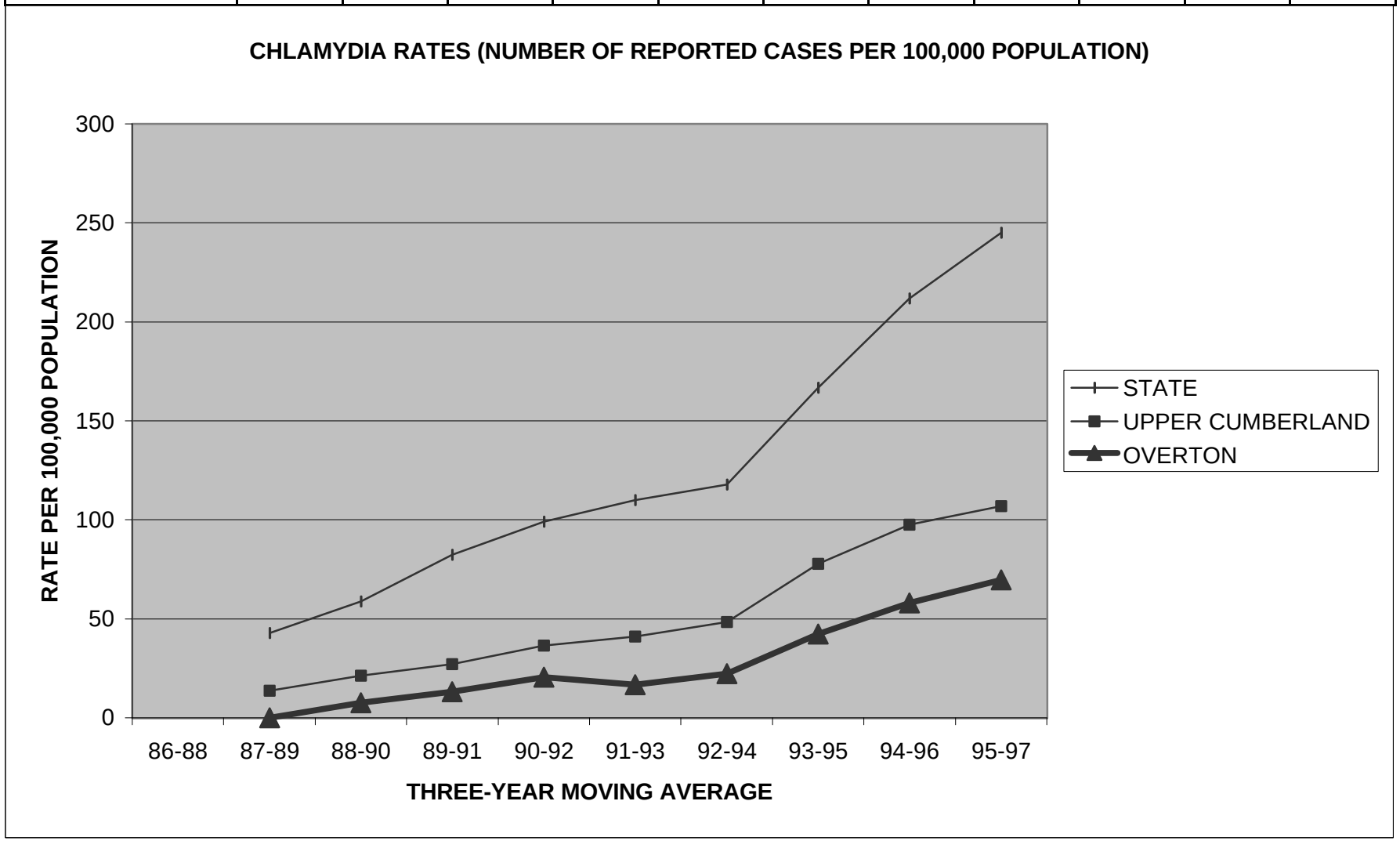


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	12.7	12.6	12.5	12.1	11.4	11.0	10.5	9.9	9.4	9.0	
UPPER CUMBERLAND	20.0	18.4	16.5	14.4	12.1	12.0	10.8	11.8	10.3	9.7	
OVERTON	24.7	18.9	18.9	18.8	13.1	11.2	9.2	14.7	10.9	10.7	

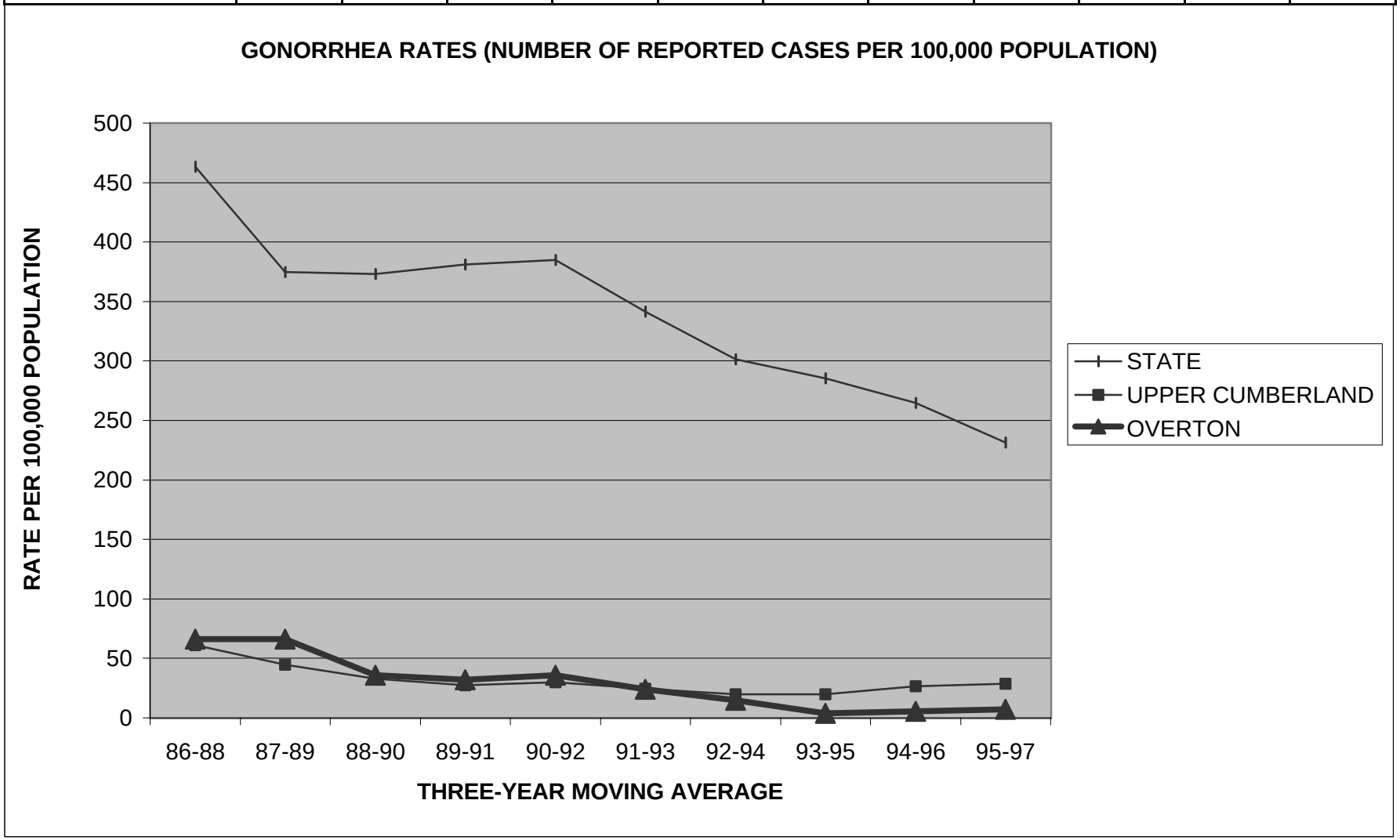
TUBERCULOSIS DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0	
UPPER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8	
OVERTON		0.0	7.6	13.2	20.6	16.8	22.2	42.2	58.0	69.6	



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	463.3	374.6	373.3	380.9	385.0	341.5	301.5	285.3	264.7	231.4	
UPPER CUMBERLAND	61.1	44.8	33.1	27.5	30.0	24.6	19.6	19.7	26.5	28.8	
OVERTON	66.4	66.3	36.0	32.0	35.7	24.2	14.8	3.7	5.4	7.1	



Appendix 6

Verbiage and Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the TN Department of Health and the UTK Community Health Research Group can be located at: Server.to/hit